	Connecticut Department of Water Quality Monit				_			
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0419172	WOLFS DEN CAMPGROUND-SYSTEM #3:BAC	KUP			NC	25	Р	GW
Local Address (\	where applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
259 TOWN STRI	259 TOWN STREET							

Towns Served:								
Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)							
Total Coliform (3100)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Physical Parameters (PPS)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					
	1/1/19 - 12/31/19							
	1/1/20 - 12/31/20							
Other Cor	mpliance Schedules							
Compliance Schedule Activity	Due Date	Achieved D	ate					

Other Compliance Schedules							
Compliance Schedule Activity	Due Date	Achieved Date					
SEASONAL START UP COMPLETION	4/1/2019						
CROSS CONNECTION SURVEY REPORT	3/1/2020						

			=1	_,						
	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		REC	REC HALL FAUCET	Α	Υ					
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
20056	WELL	2	WELL	Α						
60527	SYSTEM 3 ATMOSPHERIC STORAGE									

				Contact Inf	ormation				
Name				Organization	า	Job Title			
Mr. Glenn Gustine			Gustine Pro	perties, Inc.	President				
Mailing Address Line One Mailing Ad				ddress Line Two			City	State	Zip Code
67 Mott Hill Road							East Hampton		06424
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-267-5309		860-267-	5312		860-883-7960				
Contact Role(s): Le	egal Contact				•				

C	onnectic	ut Depa	rtment	OI	Public	Health	Drir	ıkıng	water	Sec	ction	
	Wat	ter Qua	lity Mo	nite	oring a	nd Con	nplia	nce S	chedul	e		
PWS ID PV	WS Name						Classifi	cation I	Population	Own	er Type I	Primary Source
CT0419172 W	OLFS DEN CAN	/IPGROUND	SYSTEM #3	:BAC	KUP		N	С	25		Р	GW
Local Address (whe	ere applicable)				Service	Resider	itial Co	mmercia	l Industri	al (Combined	d Agricultur
259 TOWN STREET	•				Connection	ns 1						
Towns Served:						'						
Name				Or	ganization						Job Title	
Mr. Bruce Gustine				Gu	ıstine Prope	rties Inc			Vice Presi	dent		
Mailing Address Lir	ne One		Mailing Ad	dress	Line Two				City		State	Zip Code
71 Mott Hill Road Wolf's Den				Fam	ily Campgro	und		East Ha	mpton		СТ	06424
Business Phone	Extension	Fax	N	√obil	e Phone	Emergency	/ Phone	Email A	ddress			
860-267-5364		860-267-	5312			888-883	-7957	gustines	srV@msn.c	om		
Contact Role(s): L	egal Contact, C	Owner										
Name				Or	ganization						Job Title	
Miss Colynn Hodge	е			Gu	ıstine Prope	rties Inc						
Mailing Address Lir	ne One		Mailing Ad	dress	Line Two				City		State	Zip Code
71 Mott Hill Road								East Ha	mpton		СТ	06424
Business Phone	Extension	Fax	N	∕lobil	e Phone	Emergency	/ Phone	Email A	ddress			
860-267-5364		860-267-	5312 8	360-8	83-7962	860-883	-7962	gustines	srv@msn.co	om		
Contact Role(s):	dministrative	Contact										

Connecticut Department of Dublic Health Drinking Water Section

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut	Department of	Public Hea	lth Dr	inki	ng Wa	ater Se	ection	
		Quality Monit							
PWS ID	PWS Name	Quality 1101110						ner Type Pr	imary Source
CT041001		 E			NC		25	P	GW
Local Addr	ress (where applicable)		Service Res	sidential	Comme	ercial Ir	ndustrial	Combined	Agricultural
	I MOODUS ROAD		Connections		1				
Towns Ser	ved: EAST HADDAM			I					
		Monito	oring Require	ments					
Water Sy	stem Facility: DISTRIBU	ITION SYSTEM (WSF I	D: 00600)						
Total Col	liform (3100)						1 rou	ıtine (RT) լ	er quarter
Samp	oling Point (Sampling Point	: ID)	Mor	nitoring P	eriod	Collect	ion Period	Compli	ance Status
Selec	t from Inventory of Active S	Sampling Points	10/1	/18 - 12/3	31/18			Co	mplete
			1/1	./19 - 3/3:	1/19			Co	mplete
			4/1	./19 - 6/30	0/19				
			7/1	/19 - 9/30	0/19				
-	Parameters (PPS)						1 rou	ıtine (RT) ր	er quarter
-	oling Point (Sampling Point	•		nitoring P		Collect	ion Period		ance Status
Selec	t from Inventory of Active S	Sampling Points		./18 - 12/3					mplete
				./19 - 3/3:				Со	mplete
				/19 - 6/30	-				
			7/1	/19 - 9/30	0/19				
•	stem Facility: ENTRY Po	DINT (WSF ID: 00700)							
	And Nitrite (NOX)							-	T) per year
	oling Point (Sampling Point	: ID)		nitoring P		Collect	ion Period		ance Status
ENTR	RY POINT (3)			/18 - 12/3				Со	mplete
				/19 - 12/3					
				/20 - 12/3	-				
	W	ater System Facili	ty and Sampl	ling Po	int In	vento	ry		
Water						Total	Lead and	1	_
System	Water System Facility	Sampling Point ID	Sampling Point Description			Coliform Rule	Copper	Achastas	Stage WQP 2 DBPF
Facility ID 00600			DISTRIBUTION SYS		<u>Status</u>	Y	Kule Hel	ASDESIUS	WQF Z DBPF
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM			A	Y			
		UPSTREAM	WITHIN 5 SERVICE WITHIN 5 SERVICE		A				
00700	CNITRY DOINT			CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
00701	ENTRY POINT	3	ENTRY POINT		Α				
20733	WELL #1	2	WELL		A				
56486	WELL #2	2	WELL #2		A				
		Con	tact Informat	tion					
Name		Oi	rganization					Job Title	

Organization Job Title Father William McCarthy My Father's House Owner Mailing Address Line One Mailing Address Line Two City Zip Code State 39 North Moodus Road PO Box 22 Moodus CT 06469 **Business Phone** Extension Mobile Phone Emergency Phone Email Address Fax 860-873-8454 860-873-1581 Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Tracer & dancy 11011	iteoring and	a don	in primarice i	Jeneau		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0410014	MY FATHERS HOUSE			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	ial Combine	ed Agricultural
39 NORTH MOC	DUS ROAD	Connections		1			
Tarring Coming di	ACTILADDAM	•					•

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section							
	Water Quality Monito	oring an	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0410094	SANIBEL FARMS STORE				NC	25	Р	GW
Local Address	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural	

Local Address (Where applicable)			Sel vice	Nesidelitia	II COI	IIIIIEI Ciai	illuustilai	Combined	Agricultural
328 TOWN STREET (ROUTE 82)			Connection	ns		1			
Towns Served: EAST HADDAM			<u>'</u>				I		
	r	Monit	oring Red	quirement	ts				
Water System Facility: DISTRIB	UTION SYSTEM	(WSF I	D: 00600)						
Total Coliform (3100)							1 rc	outine (RT) ¡	er quarter
Sampling Point (Sampling Point	nt ID)			Monitoring	Perio	d Col	lection Perio	d Compli	ance Status
Select from Inventory of Active	Sampling Points			10/1/18 - 12	2/31/2	18		Co	mplete
				1/1/19 - 3/	/31/19)		Co	mplete
				4/1/19 - 6/	/30/19)			
				7/1/19 - 9/	/30/19)			
Physical Parameters (PPS)							1 rc	outine (RT) լ	er quarter
Sampling Point (Sampling Point	nt ID)			Monitoring			lection Perio	d Compli	ance Status
Select from Inventory of Active	Sampling Points			10/1/18 - 12	2/31/2	18		Co	mplete
				1/1/19 - 3/	/31/19	9		Co	mplete
				4/1/19 - 6/	/30/19	9			
				7/1/19 - 9/	/30/19)			
Water System Facility: ENTRY I	POINT (WSF ID:	00700))						
Nitrate And Nitrite (NOX)								1 routine (R	T) per year
Sampling Point (Sampling Point	nt ID)			Monitoring	Perio	d Col	lection Perio	d Compli	ance Status
ENTRY POINT (3)				1/1/18 - 12	/31/1	8		Co	mplete
				1/1/19 - 12	/31/1	9			
				1/1/20 - 12	/31/2	0			
	Publ	ic Not	tification	Requiren	nent	S			
		C	ompliance	Notice	P	ublic Not	<u>ification</u>	PN Cert	<u>ification</u>
Violation/Situation			Period	Tier	Red	quired	Performed	Due to DPH	Received
E. Coli		7/1,	/18 - 9/30/18	8 3	11/1	3/2019		11/23/2019	
V	later System	Facili	ity and Sa	ampling P	oint	Inven	tory		
Water						Tota	al Lead an	d	
System Water System Facility	-	_	Sampling P			Colifo			Stage
Facility ID	ı	D	Description		Stat	tus Rui	e Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	•	4	DISTRIBUTI	ON SYSTEM	Α	Υ			
	DOWN:	STREAM		SERVICE CON	Α				
	UPST	REAM	WITHIN 5 S	SERVICE CON	Α	ı			
00700 ENTRY POINT	:	3	ENTRY POI	NT	Α				
20737 WELL		2	WELL		А				
		Con	tact Info	rmation					
Name		О	rganization					Job Title	
Mr. Joseph Janecek		Sa	anibel Farms	Store, LLC			Owner		
Mailing Address Line One	Mailing	Addres	s Line Two				City	State	Zip Code
328 Town St						East Had	dam	СТ	06423
Business Phone Extension	Fax	Mobi	ile Phone	Emergency Pl	hone	Email Ad	dress	· · · · · ·	

860-873-9083

Contact Role(s): Administrative Contact, Legal Contact

PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0410094 S	ANIBEL FARMS STO	RE				N	С	25	Р	GW
Local Address (wh	ere applicable)			Service	Resident	tial Co	mmercia	al Industri	al Combine	ed Agricultural
328 TOWN STREET	(ROUTE 82)			Connection	ıs		1			
Γowns Served: EA	ST HADDAM									
Name				Organization					Job Title	9
Maximillian LLC										
Mailing Address Li	ne One		Mailing Addre	ess Line Two				City	State	Zip Code
							East Ha	nddam	СТ	06423
328 Town Street										

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End of schedule

	Connecticut De	•				_			ection	l	
DIA/C ID		uality Monit	toring and						T	During	C
PWS ID	PWS Name	F CHURCH					-			Prim	ary Source
CT041012	ST BRIDGETS OF KILDAR lress (where applicable)	E CHUKCH	Service	Resident	N Co	mmerci	2	dustrial	P	od /	GW gricultural
	OUS LEESVILLE ROAD		Connections	Resident	iai Coi	1	ai III	uustriai	COITIBILI	eu <i>F</i>	gricultural
	rved: EAST HADDAM		Commedians								
TOWIIS SE	TVed. LAST HADDAW	Monit	oring Dogu	ikomor	+-						
\A/=+== C:	ortens Familian DICTRIBUTIO		oring Requ	iiremer	its						
•	ystem Facility: DISTRIBUTIO	IN SYSTEM (WSF	ID: 00600)					4		-\	
	oliform (3100)			Manitarin	a Douis	. d C	allasti		outine (R		•
	pling Point (Sampling Point ID)	nling Doints		Monitorin	_		onecu	on Perio	u Com		ce Status
Seie	ct from Inventory of Active Sam	pinig Politis	-	10/1/18 - 1 1/1/19 - 3						Comp	
				4/1/19 - 6						Comp	nete
				7/1/19 - 9							
Dharainal	I Davis and a see (DDC)			//1/19 - 3	9/30/1	9		4		- \	
-	Parameters (PPS) pling Point (Sampling Point ID)			Monitorin	a Dorid	nd C	allacti	on Perio	outine (R ⁻		ce Status
	ct from Inventory of Active Sam	nling Points		10/1/18 - :	onecu	on Peno	u Com	Comp			
36160	ct from inventory of Active Samp	pillig Follits	-	1/1/19 - 3						Comp	
				4/1/19 - 6						COM	nete
				7/1/19 - 9							
Water Sv	ystem Facility: ENTRY POIN	T (WSF ID: 00700)		7/1/15	7,30,1	<u> </u>					
-	And Nitrite (NOX)	(1101 121 007 00							1 routine	(RT)	per vear
	pling Point (Sampling Point ID)			Monitorin	g Perio	od C	ollecti	on Perio			ce Status
	RY POINT (3)			1/1/18 - 1						Comp	
				1/1/19 - 1						Comp	
				1/1/20 - 1							
	Wate	r System Facil	ity and Sar	npling	Point	Inve	ntor	٧			
Water		•	•				otal	Lead an	d		
System	Water System Facility	Sampling Point	Sampling Poi	nt			iform	Coppe			Stage
Facility IE)	ID	Description		Sta	tus R	Rule	Rule Tie	er Asbest	os W	QP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	٨	Υ				
		DOWNSTREAM	WITHIN 5 SER	RVICE CON	Α	١					
		UPSTREAM	WITHIN 5 SER	RVICE CON	Α	١					
00700	ENTRY POINT	3	ENTRY POINT		Α	١					
20738	WELL	2	WELL		Δ	١					
		Cor	ntact Inforn	mation							
Name		C	rganization						Job Titl	e	
Reverend	l Gregory Galvin						Pas	tor			
	ddress Line One	Mailing Addres	ss Line Two				Ci	ty	State	Z	ip Code
75 Mood	us-Leesville Rd					Moodu	JS		СТ		06469
						1					

Emergency Phone Email Address

stbridgetofkildare@yahoo.com

860-398-0541

Mobile Phone

Business Phone

860-873-8623

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-873-9407

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarty 1.10111th	or mg am	a don	ipiianee t	Jene a a		
PWS ID	PWS Name				Population	Owner Type	Primary Source
CT0410124	ST BRIDGETS OF KILDARE CHURCH				25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial Commerci	al Industri	al Combin	ed Agricultural
75 MOODUS LE	Connections		1				
Towns Served: I	EAST HADDAM			·			

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End of schedule

	Connecticut D	•						ection	
	Water	Quality Monit	oring and	l Compl	lian	ice Scl	nedule		
PWS ID	PWS Name			Cla	ssifica	ation Po	oulation Ov	vner Type	Primary Source
CT041014	ST STEPHENS EPISCOP	AL CHURCH			NC		25	Р	GW
Local Add	ress (where applicable)		Service	Residential	Com	nmercial	Industrial	Combine	d Agricultural
31 MAIN S			Connections			1			3
	rved: EAST HADDAM								
		Monito	oring Requ	irements	;				
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF I	D: 00600)						
Total Co	oliform (3100)						1 ro	utine (RT) per quarter
Sam	pling Point (Sampling Point IL	D)	1	Monitoring F	Period	d Colle	ction Period	= '	liance Status
Selec	ct from Inventory of Active Sa	mpling Points	1	0/1/18 - 12/	31/1	8		C	Complete
	•			1/1/19 - 3/3					Complete
				4/1/19 - 6/3					
Physical	Parameters (PPS)			, ,,-			1 ro	utine (RT) per quarter
Sam	pling Point (Sampling Point IL			Monitoring F			ction Period	= '	liance Status
Selec	ct from Inventory of Active Sa	mpling Points	1	0/1/18 - 12/	31/1	8		C	Complete
				1/1/19 - 3/3	1/19			C	Complete
				4/1/19 - 6/3	0/19				
				7/1/19 - 9/3	0/19				
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)						1	routine	(RT) per year
Sam	pling Point (Sampling Point IL	o)	1	Monitoring F	Period	d Colle	ction Period	d Comp	liance Status
ENTF	RY POINT (3)		:	1/1/18 - 12/3	31/18	3		C	Complete
				1/1/19 - 12/3	31/19)		C	Complete
				1/1/20 - 12/3					·
	Wat	ter System Facili					ory		
Water						Total	Lead and	d	
System	Water System Facility	Sampling Point		t		Colifori			Stage
Facility ID)	ID	Description		Statu	us Rule	Rule Tie	r Asbesto	s WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
20739	WELL	2	WELL		Α				
		Con	tact Inforn	nation					
Name		Oı	ganization					Job Title	
Mr. Adam	n Yates		.Stephen's Epis	copal Church	1	R	ector		
	ddress Line One	Mailing Address		<u> </u>			City	State	Zip Code
J		P. O. Box 464			Е	East Hadd		СТ	06423
		<u> </u>							

Emergency Phone Email Address

adam@ststeves.org

773-680-3785

Mobile Phone

Business Phone

860-873-9547

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

Connecticut Department of Public Health Drinking Water Section	1
Water Quality Monitoring and Compliance Schedule	

water quanty monitoring and comphance senedule									
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source	
CT0410144	LO144 ST STEPHENS EPISCOPAL CHURCH				NC	25	Р	GW	
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural	
31 MAIN STREE	Г	Connections			1				

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End of schedule

	0		CD 111 T	7 3.3	Б		TAT		0			
	Connecticut De	partment of	t Public H	lealth	Di	rinkir	ig W	ater	Se	ction		
	Water Qı	iality Monit	coring and	d Con	ıpl	iance	Sch	edul	e			
PWS ID	PWS Name	-			Clas	ssificatio	n Popi	ulation	Owr	ner Type [rimary	Source
CT0410174	GRANDVIEW CAMP RESC	ORT & COTTAGES				NC		29		Р	G۱	W
Local Address (v	where applicable)		Service	Residen	tial	Comme	rcial I	ndustria	al	Combined	d Agri	cultural
89 NORTH MOO	DDUS RD -EAST HADDAM R	D	Connections			1						
Towns Served:	EAST HADDAM											
		Monit	oring Requ	iireme	nts	;						
Water System	Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)									
Total Coliforn	n (3100)							1	rou	tine (RT)	per qu	uarter
Sampling I	Point (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Per	riod	Comp	liance S	Status
Select from	n Inventory of Active Samp	ling Points	:	10/1/18 -	12/	31/18				C	omplet	e
				4/1/19 -	6/3	0/19				C	omplet	e
				7/1/19 -	9/3	0/19						
Physical Para	meters (PPS)							1	rou	tine (RT)	per qu	uarter
Sampling I	Point (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Per	riod	Comp	liance S	Status
Select from	n Inventory of Active Samp	ling Points		10/1/18 -	12/	31/18				C	omplet	e
				4/1/19 -	6/3	0/19				C	omplet	e
				7/1/19 -	9/3	0/19						
Water System	Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate And N	litrite (NOX)								1	routine (RT) pe	r year
Sampling I	Point (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Per	riod	Comp	liance S	Status
ENTRY POI	NT (3)			1/1/18 -	12/3	31/18				C	omplet	e
				1/1/19 -	12/3	31/19				C	omplet	e
				1/1/20 -	12/3	31/20						
	Water	System Facil	ity and Sar	npling	Po	int Inv	<i>r</i> ento	ry				
Water							Total	Lead	and			
•	er System Facility	Sampling Point		nt		C	oliform					Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ					
		DOWNSTREAM				Α						
		UPSTREAM	WITHIN 5 SER	VICE CO	N	Α						
00700 ENT	RY POINT	3	ENTRY POINT			Α						
20741 WEL	L	2	WELL			Α						
		Con	tact Inforr	nation								
Name		0	rganization							Job Title		
Mr. Paul Nedov	rich	G	randview Camp	Resort			M	anager/	'Own	ier		
Mailing Address	Line One	Mailing Addres	s Line Two				C	City		State	Zip C	Code
89 North Mood	us Road					Mod	dus			СТ	064	169

Mobile Phone

Emergency Phone Email Address

PDouglas10@sbcglobal.net

Business Phone

413-478-3275

Extension

Contact Role(s): Administrative Contact, Owner

Fax

	Connecticu	it Depa	rtment o	of Public	Health	Drii	ıkıng	g water	Section	
	Wat	er Qua	lity Moni	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0410174	GRANDVIEW CAN	IP RESORT	& COTTAGES			N	IC	29	Р	GW
Local Address (w	here applicable)	Service	Residen	itial Co	mmerci	al Industri	al Combine	ed Agricultural		
39 NORTH MOOI	DUS RD -EAST HAD	Connection	ns		1					
Towns Served: E	AST HADDAM									
Name				Organization					Job Title	9
89 North Moodu	s Road LLC									
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	Zip Code
10 Lake Dr							Mood	us	СТ	06469
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address		
Contact Role(s)	Legal Contact Ov	wner	·	·						

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Con	nectic	ut Depar	tment of	Public F	lealth	Dri	nking '	Wat	er Se	ection	
	Con		ter Quali								CCIOII	
PWS ID	PWS N		ter Quair	ty Monit	oring an						ner Type P	rimary Source
CT0410214	_		PLAZA, LLC					NC	25		Р	GW
Local Addre	ess (where a		<u> </u>		Service	Resident		ommercial		strial	Combined	Agricultural
	OAD (ROUTE				Connections			1				0
	ved: EAST HA	•										
				Monito	oring Req	uireme	nts					
Water Sys	stem Facility	y: DISTR	RIBUTION SYS	TEM (WSF I	D: 00600)							
Total Coli	iform (310	0)								1 ro	utine (RT)	per quarter
Samp	ling Point (S	ampling P	Point ID)			Monitorii	ng Peri	iod Col	lection	Period	Compli	ance Status
Select	from Invent	ory of Act	ive Sampling Po	oints		10/1/18 -	12/31	/18			Co	mplete
						1/1/19 -	3/31/2	19			Co	mplete
						4/1/19 -	6/30/2	19				
						7/1/19 -	9/30/2	19				
Physical I	Parameters	(PPS)								1 ro	utine (RT)	per quarter
Samp	ling Point (S	ampling P	Point ID)			Monitorii	ng Peri	iod Col	lection	Period	Compli	ance Status
Select	from Invent	tory of Act	ive Sampling Po	oints		10/1/18 -	12/31	/18			Co	mplete
						1/1/19 -	3/31/2	19			Co	mplete
						4/1/19 -	6/30/2	19				
						7/1/19 -	9/30/2	19				
Water Sys	stem Facilit	y: ENTR	Y POINT (WS	F ID: 00700)								
Nitrate A	nd Nitrite	(NOX)								1	routine (R	T) per year
Samp	ling Point (S	ampling P	Point ID)			Monitorii	ng Peri	iod Col	lection	Period	Compli	ance Status
ENTR	Y POINT (3)					1/1/18 - 3	12/31/	' 18			Co	mplete
						1/1/19 - 3	12/31/	'19			Co	mplete
						1/1/20 - 3	12/31/	'20				
			Water Sys	tem Facili	ty and Sa	mpling	Poin	t Inven	tory			
Water								Tota		ad and	1	
-	Water Syste	m Facility	Sa	mpling Point		int		Colifo		Copper		Stage
Facility ID				ID	Description			atus Rui		ule Tiei	Asbestos	WQP 2 DBPR
00600	DISTRIBUTIO	ON SYSTEM		4	DISTRIBUTIO			A Y				
			DO	DWNSTREAM	WITHIN 5 SE	RVICE CON		A				
				UPSTREAM	WITHIN 5 SE	RVICE CON	J	A				
00700	ENTRY POIN	Т		UPSTREAM 3	WITHIN 5 SE			A				
	ENTRY POIN WELL	Т										
		Т		3 2	ENTRY POIN	Г		A				
		Т		3 2 Con	ENTRY POINT	Г		A			Job Title	
20745	WELL	T		3 2 Con	ENTRY POINT WELL tact Infor	mation		A	Owner	r	Job Title	
Name Mr. Savvas	WELL			3 2 Con	ENTRY POINT WELL tact Information athan Hale Plant	mation		A	Owner	r	Job Title State	Zip Code
Name Mr. Savvas	WELL S Aspris dress Line O			3 2 Con Na	ENTRY POINT WELL tact Information athan Hale Plant	mation		A	City			Zip Code 06073

860-873-1416

Contact Role(s): Administrative Contact, Legal Contact, Owner

C	Connectici	ut Depa	irtment (of Public	Health	Drin	ıking	Water	Section	
	Wat	ter Qua	lity Mon	itoring ar	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classifi	cation	Population	Owner Type	Primary Source
CT0410214 N	IATHAN HALE P	LAZA, LLC				N	С	25	Р	GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmercia	al Industri	al Combine	ed Agricultural
26 FALLS ROAD (ROUTE 149)				Connection	S	S				
Towns Served: EA	ST HADDAM								'	
Name				Organization					Job Titl	e
Ms. Maria Aspris				Nathan Hale Pl	aza LLC			Owner		
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip Code
Village Pizza Box 4	31						Sosuth	Glastonbur	у СТ	06073
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address		
860-873-1416										
Contact Role(s):	egal Contact C)wner	"				-			

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public H	lealth	Dı	rinking	, Water	Secti	on	
	Water Quality Mon				_				
PWS ID	PWS Name			-		1	1	ype P	rimary Source
CT0410224	WOLFS DEN CAMPGROUND-SYSTEM #2:N	ΛAIN			NC	25	Р		GW
Local Address (v	where applicable)	Service	Residen	tial	Commerci	al Industri	al Com	bined	Agricultural
259 TOWN STREET Connections 1									
Towns Served:	EAST HADDAM					1	'		
	Mon	itoring Requ	iireme	nts	;				
Water System	Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)							
Total Coliforn	n (3100)					1	routine	(RT)	per quarter
Sampling I	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Pe	riod (Compli	ance Status
Select fron	n Inventory of Active Sampling Points		4/1/19 -	- 6/3	0/19				
			7/1/19 -	9/3	0/19				
Physical Para	meters (PPS)					1	routine	(RT)	per quarter
Sampling I	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Pe	riod (Compli	ance Status
Select from	n Inventory of Active Sampling Points		4/1/19 -	- 6/3	0/19				
			7/1/19 -	- 9/3	0/19				
Water System	Facility: ENTRY POINT (WSF ID: 0070	0)							
Nitrate And N	litrite (NOX)						1 rout	ine (R	T) per year
Sampling I	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Pe	riod (Compli	ance Status
ENTRY POI	NT (3)		1/1/18 -	12/3	31/18	4/1-9/30		Co	mplete
			1/1/19 -	12/3	31/19	4/1-9/30			
			1/1/20 -	12/3	31/20	4/1-9/30			
		<u> </u>	C 1						

Other Comp	liance Sc	hedules
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 Compliance Schedule Activity
 Due Date
 Achieved Date

 SEASONAL START UP COMPLETION
 4/1/2019

CROSS CONNECTION SURVEY REPORT

3/1/2020

Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	147	SITE 147	Α	Υ						
		4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
20746	WELL	2	WELL	Α							
56744	8,000 GALLON ATMOSPHERIC STORAGE										
59495	HYDROPNEUMATIC TANK										

Contact Information											
Name				Organization	า		Job Title				
Mr. Glenn Gustine			Gustine Prop	perties, Inc.		President					
Mailing Address Line One Mailing Addr				ldress Line Two		City	State	Zip Code			
67 Mott Hill Road						East Har	npton	СТ	06424		
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Address					
860-267-5309		860-267-5	312		860-883-7960						

Contact Role(s): Legal Contact

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

C	onnectic	ut Depa	rtment	OI	Public	Health	Dri	nking	water	Sec	ction	
	Wat	ter Qua	lity Mo	nite	oring a	nd Con	nplia	ance S	chedul	le		
PWS ID P	WS Name						Classi	fication I	Population	Own	er Type [Primary Source
CT0410224 W	OLFS DEN CAN	/IPGROUND	SYSTEM #2:	:MAI	N		ı	NC	25		Р	GW
Local Address (who	ere applicable)				Service Residential Cor		ommercia	l Industri	al (Combined	Agricultur	
259 TOWN STREET	-				Connection	ns		1				
Towns Served: EAS	ST HADDAM											'
Name				Or	ganization						Job Title	
1r. Bruce Gustine					Gustine Properties Inc				Vice President			
Mailing Address Line One Mailing Add				dress	ress Line Two				City		State	Zip Code
71 Mott Hill Road			Wolf's Den	Fam	Family Campground			East Ha	mpton		СТ	06424
Business Phone	Extension	Fax	N	/lobil	e Phone	Emergency	y Phone	e Email A	ddress			
860-267-5364		860-267-	5312			888-883	-7957	gustine	srV@msn.c	om		
Contact Role(s): L	egal Contact, C	Owner	·					·				
Name				Or	ganization						Job Title	
Miss Colynn Hodg	e			Gu	ıstine Prope	rties Inc						
Mailing Address Li	ne One		Mailing Add	dress	Line Two				City		State	Zip Code
71 Mott Hill Road								East Ha	mpton		СТ	06424
Business Phone	Extension	Fax	N	/lobil	e Phone	Emergency	y Phone	Email Address				
860-267-5364		860-267-	5312 8	60-8	83-7962	860-883	-7962	gustine	gustinesrv@msn.com			
Contact Role(s):	Administrative	Contact										

Connecticut Department of Dublic Health Drinking Water Section

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0410254	EAST HADDAM PUBLIC LIBRARY				NC	25	L	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
18 PLAINS ROAD)	Connections			1			

Towns Served: EAST HADDAM

TOWIS Served. EAST HADDAIN			
Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Other Co	mpliance Schedules		

Other Compliance Schedules											
Compliance Schedule Activity	Due Date	Achieved Date									
RESPOND TO SANITARY SURVEY	12/20/2014										
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	3/20/2015										
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	3/20/2015										

water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
20748	WELL	2	WELL	Α							
56254	PRESSURE STORAGE										

Contact Information												
Name		Organization		Job Title								
East Haddam												
Mailing Address Lin	Mailing Address Line One Mailing Add			ess Line Two			City	State	Zip Code			
Business Phone Extension Fax		Мо	obile Phone	Emergency Phone	Email Ad	dress						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Co	nnectic	ut Depa	rtme	ent of	f Public	Health	Drii	nking	Water	Secti	on	
		Wa	ter Qua	lity N	Monit	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PW	S Name						Classif	ication	Population	Owner 1	ype P	rimary Source
CT0410254	EAS	T HADDAM	PUBLIC LIBRA	ARY			NC		IC	25	L		GW
Local Address (w	her	e applicable)				Service	Resider	Residential Cor		mmercial Industrial		bined	Agricultural
18 PLAINS ROAD	3 PLAINS ROAD					Connection	ns		1				
Towns Served: E	AST	HADDAM								'			
Contact Role(s):	Ov	vner											
Name					0	Organization Job Title							
Mr. Mark B. Wa	lter									First Selec	ctman		
Mailing Address	Line	One		Mailing	g Addres	s Line Two				City	St	ate	Zip Code
Town Office Buil	ding	5		7 Main	Street,	PO Box K			East Haddam			СТ	06423
Business Phon	Business Phone Extension Fax Mo			Mobi	ile Phone	Emergency	y Phone	Email Address		1			
860-873-5020)		860-873-	5025					admin	@easthadda	m.org		
Contact Role(s):	Ad	ministrative	Contact, Leg	al Cont	act								

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		11.5				-		
Connecticut Department of Pul	blic H	ealth D	rinkir	ng V	Vater	Se	ection	
Water Quality Monitoring	ng and	d Comp	liance	Sc	hedul	e		
PWS ID PWS Name		Cla	assificatio	n Po	pulation	Ow	ner Type	Primary Source
CT0410284 FIRST CHURCH OF CHRIST CONGREGATIONAL			NC		89		Р	GW
Local Address (where applicable) Servi	ice	Residential	Comme	rcial	Industri	al	Combine	ed Agricultural
499 TOWN STREET (ROUTE 151)	nections		1					
Towns Served: EAST HADDAM								
Monitoring	g Requ	irement	S					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)							
Total Coliform (3100)					1	ro	utine (RT) per quarter
Sampling Point (Sampling Point ID)	ı	Monitoring	Period	Colle	ection Per	riod	Com	oliance Status
Select from Inventory of Active Sampling Points		.0/1/18 - 12					(Complete
		1/1/19 - 3/3						
		4/1/19 - 6/3						
		7/1/19 - 9/	30/19					_
Physical Parameters (PPS)				- "			=) per quarter
Sampling Point (Sampling Point ID)		Monitoring		Colle	ection Per	rıod		oliance Status
Select from Inventory of Active Sampling Points		.0/1/18 - 12					Complete	
		1/1/19 - 3/3 4/1/19 - 6/3						
		7/1/19 - 9/3						
Water System Facility: ENTRY POINT (WSF ID: 00700)		7/1/13-3/	30/19					
Nitrate And Nitrite (NOX)						1	routino	(RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Colle	ection Per			oliance Status
ENTRY POINT (3)		1/1/18 - 12/		000		100	-	Complete
2 6 (6)		1/1/19 - 12/						C omprete
		, , <u>, , , , , , , , , , , , , , , , , </u>						
Monthly Water System Facility (•	σΒα	annire	me	nts	
	VV 31 , L	CVCI IVIO		18 IV	-quii ci		1103	
Water System Facility: ENTRY POINT (WSFID: 00700)	\	0					Camalaa	D = 11 /0.4 = 11 -11 -
Analyte Monitoring Requirement (Summary Ty pH Entry Point pH Monitoring (PHRD)	pe)		ing Limit ım: 7.0 Pl				Samples	Req/Month 4
pH Entry Point pH Monitoring (PHRD) Start Date: 11/1/2008	Complia	nce History:					D.4 id	
		ing Period		-	ating Limi		Monit	ioring liance Status:
		18 - 11/30/2		Comp	marice 30	atus	. comp	N N
		L8 - 12/31/2						N
		9 - 1/31/201						N
		9 - 2/28/201						N
		9 - 3/31/201						
	4/1/2019	9 - 4/30/201	9					
Other Comp	liance	Schedul	es					
Compliance Schedule Activity		Due	Date		Achie	ved	Date	
RESPOND TO SANITARY SURVEY	1/18/2019 1/18/2019			019				
CROSS CONNECTION SURVEY REPORT		3/1	/2020					

DISTRIBUTION SYSTEM

Description

Sampling Point Sampling Point

ID

4

Total

Coliform

Rule

Υ

Status

Lead and

Copper

Rule Tier Asbestos WQP 2 DBPR

Stage

Water

System

Facility ID

00600

Water System Facility

DISTRIBUTION SYSTEM

Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Classification Population		Owner Type	Primary Source			
CT0410284	FIRST CHURCH OF CHRIST CONGREGATIONA	L			NC	89	Р	GW		
Local Address (v	Service	Residen	ntial Commerc		al Industri	al Combin	ed Agricultura			
499 TOWN STRE	Connections			1						

Connecticut Department of Public Health Drinking Water Section

Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		FC-1	DISTRIBUTION SYSTEM	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
10989	WELL #1	2	WELL	Α							
55372	TREATMENT PLANT										

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 55372)

Facility Classification: CLASS 1 TREA	TMENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	Expiration
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020
		WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2019

			•	Contact in	rormation				
Name				Organizatio	n			Job Title	9
Mr. Stan Conover				First Church	of Christ Congr.		Board of Ti	rustee	
Mailing Address Lin	e One		Mailing Ad	ldress Line Two)		City	State	Zip Code
P. O. Box 445			499 Town	Street		East Ha	ddam	СТ	06423-0445
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email A	ddress		
860-244-3600	125	860-873-	2010		860-874-2806	stancon	over@yaho	o.com	
Contact Role(s): A	dministrative	Contact	,						
Name				Organizatio	n			Job Title	j
Mr. David Nelson				First Church	of Christ Cong.		Chair, Bd o	f Trustee	
Mailing Address Lin	e One		Mailing Ad	Idress Line Two)		City	State	Zip Code
499 Town St			P.O. Box 4	45		East Ha	ddam	СТ	06423-044
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email A	ddress		

Contact Role(s): Legal Contact

Towns Served: EAST HADDAM

Please note the following:

860-873-9084

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

860-873-2010

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	artmen	nt of	Public H	ealth	Dri	inkind	5 V	Vater	Sc	ection	า	
	Water Qua						•				Ctioi	1	
PWS ID	PWS Name	anty M	JIIIC	oring and	a Guii	_					ner Tyn	a Dri	mary Source
CT0410304	GILLETTE CASTLE STATE PA	RK / CASTLI	- W/FI	 I			NC	FU	25	Ow	S S	e FII	GW
	(where applicable)	intry CASTE	- ***	Service	Residen		Commerci	ial	Industri	al	Combin	ned	Agricultural
RIVER ROAD	(Where applicable)			Connections	residen	ciai c	1	iu.	maastin	u 1	COITION	icu	7 Gilcartarai
_	EAST HADDAM												
		Me	onito	oring Requ	ireme	nts							
Water System	n Facility: DISTRIBUTION												
Total Colifor	,	•		<u>, , , , , , , , , , , , , , , , , , , </u>					1	roi	utine (R	(T)	er quarter
	Point (Sampling Point ID)			,	Monitori	ing Pe	riod C	olle	ction Pe		-		nce Status
	m Inventory of Active Samplin	ng Points			10/1/18 -								nplete
	, ,	0			4/1/19 -								<u> </u>
					7/1/19 -								
Physical Para	ameters (PPS)				,, _, _,	5,55,			1	roi	utine (R	T) n	er quarter
	Point (Sampling Point ID)				Monitori	ina Pei	riod C	olle	ction Pe		•		nce Status
	m Inventory of Active Samplin	ng Points			10/1/18 -							_	nplete
	, , , , , , , , , , , , , , , , , , , ,				4/1/19 -								
					7/1/19 -								
Water System	n Facility: ENTRY POINT (WSF ID: 00	0700)		7/1/13	3/30/	13						
	Nitrite (NOX)		7							1	routine	e (R1	Γ) per year
	Point (Sampling Point ID)				Monitori	ing Pei	riod C	olle	ction Pe			_	nce Status
ENTRY PO					1/1/18 -				/1-12/31			_	nplete
	(=)				1/1/19 -				/1-12/31				
					1/1/20 -		-		/1-12/31				
		Ωth	er C	ompliance				•	, = ==, ==				
Compliance Sc	hedule Activity	Oth	C. C ,	omphanec		Due D			Achie	ved	Date		
-	CTION SURVEY REPORT					3/1/20			Acme	vea	Dute		
CHOSS CONTIL	CHOIV SORVET RELORI	Public	Not	ification R									
		1 abiic		ompliance	Notice	_	Public N	otif	ication	T	DN i	Corti	fication
Violation/Situe	ation			Period	Tier		Required		Performe	d	Due to D		Received
	neters M&R Violation		7/1/	/14 - 9/30/14			/21/2015		cijoiiiic		12/1/20		Necervea
		System F		ity and Sar	nnling				orv				
Water	Trate:	Jyste iii i	u Ciii	ity and sar	PB	. 0		otal		and	1		
	ter System Facility	Sampling	Point	Sampling Poi	nt			ifor					Stage
Facility ID	,	ID		Description		Si		Rule			Asbes	tos I	NQP 2 DBPI
-	TRIBUTION SYSTEM	4		DISTRIBUTION	N SYSTEM		A	Υ					i
		DOWNST	RFAM	WITHIN 5 SER			Α						
		UPSTRE		WITHIN 5 SER			A						
00700 ENT	TRY POINT	3		ENTRY POINT		•	A						
20752 WEI		2		WELL			A						
20732 VVLI	<u></u>		Con		nation		^						
N				tact Inform	nation			_			1 1		
Name				rganization				-		_	Job Tit	le	
Mr. David Coo				eep-Engineerin	g Unit			S	upv Civil	Eng			-
Mailing Addres	ss Line One	Mailing A	ddres	s Line Two					City		State	j	Zip Code

Mobile Phone

860-205-7552

Portland

david.cooley@ct.gov

Emergency Phone Email Address

860-424-3333

CT

06480

163 Great Hill Road

Business Phone

860-342-2215

Extension

Fax

860-344-2560

	Connecticut Department of	Public F	dealth	Di	rınkıng	Water	Section	
	Water Quality Monito	oring an	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0410304	CT0410304 GILLETTE CASTLE STATE PARK / CASTLE WELL NC 25 S GW							GW
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricult							ed Agricultural	

Connections

1

Towns Served: EAST HADDAM

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

RIVER ROAD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departme					- C		ection	
	Water Quality M	lonit	oring and	d Com	iplianc	e Sched	ule		
PWS ID	PWS Name				Classificati	on Population	on Ov	vner Type P	rimary Source
CT0410324	GILLETTE CASTLE STATE PARK / CONG	CESSION	J		NC	25		S	GW
Local Address (w	vhere applicable)		Service	Resident	tial Comm	ercial Indus	trial	Combined	Agricultural
RIVER ROAD			Connections	3					
Towns Served: E	AST HADDAM								
	N	lonite	oring Requ	iireme	nts				
Water System	Facility: DISTRIBUTION SYSTEM	(WSF I	D: 00600)						
Total Coliform Sampling P	n (3100) Point (Sampling Point ID)			Monitorii	ng Period	Collection			per quarter iance Status
Select from	Inventory of Active Sampling Points		:	10/1/18 -	12/31/18			Co	mplete
				1/1/19 -	3/31/19			Co	mplete
				4/1/19 -	6/30/19				
				7/1/19 -	9/30/19				
Physical Parar	meters (PPS)						1 rc	utine (RT)	per quarter
Sampling P	Point (Sampling Point ID)				ng Period	Collection	Perio	d Compli	iance Status
Select from	Inventory of Active Sampling Points		:		12/31/18				mplete
				1/1/19 -				Со	mplete
				4/1/19 -					
				7/1/19 -	9/30/19				
	Facility: ENTRY POINT (WSF ID: 0	00700)							_•
Nitrate And N	itrite (NOX) Point (Sampling Point ID)			Monitori	ng Period	Collection		' - '	RT) per year iance Status
ENTRY POI					12/31/18	Conection	reno	-	omplete
ENTITION	VI (3)				12/31/19				Приссе
				1/1/20 -					
	Ot	her C	ompliance						
Compliance Sch			•		Due Date	Aci	hieve	d Date	
-	TION SURVEY REPORT			3	3/1/2020				
	Publi	c Not	ification R	equire	ments				
		C	ompliance	Notice	<u>Publ</u>	<u>ic Notificatio</u>	<u>1</u>	PN Cert	<u>tification</u>
Violation/Situat			Period	Tier	Requi		ned	Due to DPH	Received
Physical Parame	ters M&R Violation		/14 - 9/30/14		11/21/2			12/1/2015	
	Water System	Facili	ity and Sar	npling	Point Ir	ventory			
Water							ad an		_
System Water Facility ID	er System Facility Sampling IE	•	Sampling Poil Description	nt		-	opper		Stage WQP 2 DBPR
	RIBUTION SYSTEM 4		DISTRIBUTION	U CVCTENA	Status A	Y Y	ne ne	ASDESIUS	WQF 2 DBFK
JOSEP DISTR			WITHIN 5 SER			ı			
	UPSTR		WITHIN 5 SER						
00700 ENTR	Y POINT 3		ENTRY POINT		A				
20754 WELL			WELL		A				
20,54 WELL				matia:					
		con	tact Inforr	nation					

Deep-Engineering Unit

Organization

Mailing Address Line Two

Mr. David Cooley

163 Great Hill Road

Mailing Address Line One

Job Title

State

Zip Code

06480

Supv Civil Engineer

City

Portland

•	0111100010	ar 2 opair cir.	.0110 01					5		
	Wa	ter Quality	Monit	oring an	id Con	npl	liance S	Schedul	e	
PWS ID P	WS Name					Cla	ssification	Population	Owner Type	Primary Source
CT0410324 G	ILLETTE CASTL	E STATE PARK / CC	NCESSION				NC	25	S	GW
Local Address (who	ere applicable)			Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
RIVER ROAD				Connections	3					
Towns Served: EAS	owns Served: EAST HADDAM									
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address										

860-424-3333

david.cooley@ct.gov

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

860-342-2215

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

860-205-7552

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

860-344-2560

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	nnectic	ut Departme	ent of	Public	Health I)rin	king	Wa	ater	Se	ction		
	30		ter Quality N											
PWS ID	PW	/S Name	ter quarrey r	101110	orms a						_	ner Type I	Priman	/ Source
CT041035	38:	L TOWN STRE	ET - EAST HADDAM				N		4			Р		W
Local Add	ress (wher	e applicable)			Service	Residentia	al Coi	mmercial	In	dustri	ial	Combined	Agr	icultural
					Connection	ns		1						
Towns Ser	rved: EAST	HADDAM							ı					
			ı	Monit	oring Red	quiremen	ts							
Water Sy	stem Fac	ility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)									
Total Co	liform (3	3100)								1	L rou	tine (RT)	per q	uarter
Samı	pling Poin	t (Sampling P	oint ID)			Monitoring	, Perio	od Coll	lecti	on Pe	riod	Comp	liance .	Status
Selec	ct from Inv	entory of Act	ive Sampling Points			10/1/18 - 1	2/31/	18				С	omplet	te
						1/1/19 - 3	/31/1	9				С	omplet	te
						4/1/19 - 6	/30/1	9						
						7/1/19 - 9	/30/1	9						
Physical	Paramet	ers (PPS)								1	L rou	tine (RT)	per q	uarter
Sam	pling Poin	t (Sampling P	oint ID)			Monitoring	, Perio	od Coll	lecti	on Pe	riod	Comp	liance .	Status
Selec	ct from Inv	entory of Act	ive Sampling Points			10/1/18 - 1	2/31/	18				С	omplet	te
						1/1/19 - 3	/31/1	9				С	omplet	te
						4/1/19 - 6	/30/1	9						
						7/1/19 - 9	/30/1	9						
Water Sy	stem Fac	ility: ENTR	Y POINT (WSF ID:	00700)										
Nitrate A	And Nitri	te (NOX)									1	routine (RT) pe	r year
Sam	pling Poin	t (Sampling P	oint ID)			Monitoring	, Perio	od Coll	lecti	on Pe	riod	Comp	liance .	Status
ENTR	RY POINT (3)				1/1/18 - 12	2/31/1	.8				С	omplet	te
						1/1/19 - 12	2/31/1	.9						
						1/1/20 - 12	2/31/2	20						
			Water System	ı Facili	ity and S	ampling P	oint	Inven	tor	У				
Water								Tota	al	Lead	and			
System		stem Facility	•		Sampling F			Colifo	rm		•			Stage
Facility ID				D	Description		Sta		e	Rule	Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBL	ITION SYSTEM	1	4	DISTRIBUTI	ION SYSTEM	Δ	Υ						
			DOWN	STREAM	WITHIN 5 S	SERVICE CON	Δ	١						
			UPST	REAM	WITHIN 5 S	SERVICE CON	Δ	١						
00700	ENTRY P	TNIC		3	ENTRY POI	NT	Δ	١						
20756	WELL 1			2	WELL 1		Δ	١						
55822	WELL 2			2	WELL 2		Δ	١						
				Con	tact Info	rmation								
Name				0	rganization							Job Title		
Mr. Naim	Krasniqi								Owi	ner				
Mailing Ad	ddress Lin	e One	Mailing	g Addres	s Line Two				Cit	ty		State	Zip (Code
The Town	Tavern		381 To	wn Stree	et			East Had	dam)		СТ	06	423
Business	s Phone	Extension	Fax	Mobi	le Phone	Emergency P	hone	Email Ad	dres	SS		•		

860-638-8853

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quality Monit	or mg am	a Gon	upi	idifec t	ciicaai	C	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0410354	381 TOWN STREET - EAST HADDAM				NC	42	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections			1			

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Primary S

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0410384	12 RAE PALMES ROAD - EAST HADDAM				NC	25	Р	GW
Local Address (w	here applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections			1			

Monitoring Re	Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)										
Total Coliform (3100)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete							
	1/1/19 - 3/31/19		Complete							
	4/1/19 - 6/30/19									
	7/1/19 - 9/30/19									

Physical Parameters (PPS)	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

water system Facility: WELL (WSF ID: 20759)			
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		

7/1/19 - 9/30/19

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	7/1/15 - 9/30/15	2	1/23/2016		2/2/2016					
Total Coliform M&R Violation	10/1/15 - 12/31/15	2	5/5/2016		5/5/2016					
Total Coliform M&R Violation	1/1/16 - 3/31/16	2	7/27/2016		8/6/2016					
Physical Parameters M&R Violation	7/1/15 - 9/30/15	3	12/23/2016		1/2/2017					
Physical Parameters M&R Violation	10/1/15 - 12/31/15	3	4/5/2017		4/15/2017					
Physical Parameters M&R Violation	1/1/16 - 3/31/16	3	6/27/2017		7/7/2017					
E. Coli	7/1/17 - 9/30/17	3	1/16/2019		1/26/2019					

	Water System Facility and Sampling Point Inventory									
Water					Total	Lead and				
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage		
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBF		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0410384	12 RAE PALMES ROAD - EAST HADDAM				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial (Commercia	al Industri	al Combine	ed Agricultural
		Connections			1			

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
20759	WELL	2	WELL	Α							
57212	TREATMENT PLANT										
57222	PRESSURE STORAGE										

Contact Information											
Name				Organization				Job Title			
Ms. Jaime L. Farace											
Mailing Address Lin	e One		Mailing Add	ress Line Two	ress Line Two			State	Zip Code		
450 Vineyard Point	Road					Guilford		СТ	06437		
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address					
203-458-2376			20	3-376-0078		jaimef1@	sbcglobal.net				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0410424	MIDDLESEX 4-H CAMP			NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
298 EAST HAD	DAM-MOODUS ROAD (ROUTE 1)	Connections		1			

Towns Served: EAST HADDAM

Monitoring Requirements

Water System Facility: EP - WELL 1 (BATH HOUSE) (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELL 1 (BATH) (3)	1/1/18 - 12/31/18		Complete
	1/1/20 - 12/31/20	5/1-9/30	

Water System Facility: EP - WELL 2 (POOL HOUSE) (WSF ID: 00701)

Nitrate And Nitrite (NOX) 1 routine (RT) p							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
EP - WELL 2 (POOL) (3)	1/1/18 - 12/31/18		Complete				
	1/1/20 - 12/31/20	5/1-9/30					

Other Compliance Schedules

Compliance Schedule Activity Due Date Achieved Date

CROSS CONNECTION SURVEY REPORT 3/1/2024

Public	Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	8/1/18 - 8/31/18	3	11/13/2019		11/23/2019	
Total Coliform M&R Violation	7/1/18 - 7/31/18	3	11/13/2019		11/23/2019	
Physical Parameters M&R Violation	8/1/18 - 8/31/18	3	11/20/2019		11/30/2019	
Physical Parameters M&R Violation	7/1/18 - 7/31/18	3	11/20/2019		11/30/2019	

Water System Facility and Sampling Point Inventory

Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	EP - WELL 1 (BATH HOUSE)	3	EP - WELL 1 (BATH)	Α					
00701	EP - WELL 2 (POOL HOUSE)	3	EP - WELL 2 (POOL)	Α					
20762	WELL 1	2	WELL	Α					
57218	WELL 2	2	WELL 2	Α					

57234 PRESSURE STORAGE

			Co	ntact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Andrew Becker	r			Middlesex Co	ounty Camp		President c	of Bod	
Mailing Address Line One Mailing Addr			Mailing Addr	ess Line Two			City	State	Zip Code
298 East Haddam M	100dus Road					Moodus		СТ	06469
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ddress		
860-873-2294					860-685-1183	ABecker	@rossilumb	er.com	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name Classification Population Owner Type Primary Source CT0410424 MIDDLESEX 4-H CAMP NC 25 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural 298 EAST HADDAM-MOODUS ROAD (ROUTE 1) 1		2001 (0001)	9 8		- 1		0 2 2 0 0 0 0 1		
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural	PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
	CT0410424	MIDDLESEX 4-H CAMP				NC	25	Р	GW
298 EAST HADDAM-MOODUS ROAD (ROUTE 1) Connections 1	Local Address (w	here applicable)	Service	Resider	itial	Commerci	al Industri	al Combine	ed Agricultural
	298 EAST HADDA	AM-MOODUS ROAD (ROUTE 1)	Connections			1			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health	Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0410454	AMERICAN LEGION POST #156	NC	25	Р	GW

Connections

Residential Commercial

1

Industrial

Combined

Agricultural

Service

Towns Served: FAST HADDAM

33 NEPTUNE AVENUE

Local Address (where applicable)

Towns Served: EAST HADDAM			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Other Cor	mpliance Schedules		
	2 2 1	4.1: 15	

Otner	Compliance Schedules

Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY 2/25/2015

Publi	c Notification R	equiren	nents			
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certij	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	1/1/08 - 3/31/08	3	5/20/2009		5/30/2009	
Nitrate And Nitrite M&R Violation	1/1/14 - 12/31/14	2	5/7/2015		5/17/2015	
Total Coliform M&R Violation	10/1/14 - 12/31/14	2	5/7/2015		5/17/2015	
Physical Parameters M&R Violation	10/1/14 - 12/31/14	3	4/6/2016		4/16/2016	

	Wa	ter System Facili	ity and Sampling P	oint Ir	vento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	tage DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20764	WELL	2	WELL	Α				
56231	FILTER							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monito	oring and	d Con	npl	iance S	chedul	e	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0410454	AMERICAN LEGION POST #156				NC	25	Р	GW
Local Address (w	here applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
33 NEPTUNE AV	ENUE	Connections			1			

Connecticut Department of Public Health Drinking Water Section

			C	ontact Inf	ormation				
Name				Organization	ı			Job Title	
Mr. James Hayes				American Le	gion Post 156		Adjutant		
Mailing Address Lir	ie One		Mailing Add	ress Line Two			City	State	Zip Code
33 Neptune Avenu	9		PO Box 100			Moodus	,	СТ	06469
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Address			
860-873-8042									
			•		·	·			
Contact Role(s): A	dministrative Co	ntact							
. ,	dministrative Co	ntact		Organization	<u> </u>			Job Title	
Name		ntact		Organization	1			Job Title	
Contact Role(s): A Name Baron Smith Ameri Mailing Address Lir	ican Legion 15	ntact	Mailing Add	Organization			City	Job Title State	Zip Code

Contact Role(s): Legal Contact, Owner

Please note the following:

Towns Served: EAST HADDAM

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartmen	t of	Public H	ealth I	rinki	ng V	Vater S	ection		
	Water (Quality Mo	nito	oring and	d Comr	olianc	e Scł	nedule			
PWS ID	PWS Name	e constant		0				T	wner Type Pri	mary Source	
CT041049	4 2 NORWICH ROAD					NC		25	Р	GW	
Local Addı	ress (where applicable)			Service	Residentia	l Comm	ercial	Industrial	Combined	Agricultural	
2 NORWIC	CH ROAD			Connections		1					
Towns Ser	ved: EAST HADDAM					·					
		Mo	onito	ring Requ	irement	ts					
Water Sy	stem Facility: DISTRIBUTION	ON SYSTEM (V	NSF IE): 00600)							
Total Co	liform (3100)							1 rc	outine (RT) p	er quarter	
Samp	oling Point (Sampling Point ID)		ı	Monitoring	Period	Colle	llection Period Compliance Status			
Selec	t from Inventory of Active San	npling Points			10/1/18 - 12	-			Cor	nplete	
					1/1/19 - 3/				Cor	nplete	
					4/1/19 - 6/						
					7/1/19 - 9/	/30/19					
•	Parameters (PPS)								outine (RT) p	-	
•	oling Point (Sampling Point ID	<u> </u>			Monitoring		Colle	ction Perio		nce Status	
Selec	t from Inventory of Active San	ipling Points		10/1/18 - 12/31/18 1/1/19 - 3/31/19				Complete Complete			
				4/1/19 - 6/30/19					COI	пріесе	
					7/1/19 - 9/30/19						
Water Sv	stem Facility: ENTRY POIN	IT (WSF ID: 00	700)		7/1/13 3/	30/13					
	And Nitrite (NOX)	(1 routine (R	Γ) per vear	
	oling Point (Sampling Point ID)			Monitoring	Period	Colle	ction Perio	=	nce Status	
	RY POINT (3)				1/1/18 - 12	/31/18			Cor	nplete	
					1/1/19 - 12	/31/19					
					1/1/20 - 12	/31/20					
		Public	Noti	fication R	equiren	nents					
			Со	mpliance	Notice	<u>Publi</u>	ic Notifi	<u>ication</u>	<u>PN Certi</u>	<u>fication</u>	
Violation/	'Situation			Period	Tier	Requir	ed P	erformed	Due to DPH	Received	
E. Coli M&	R Violation			14 - 8/6/14	3	11/21/2			12/1/2015		
	Wate	er System F	acili	ty and San	npling P	oint In	vent	ory			
Water							Total				
System	Water System Facility			Sampling Poir	nt		Colifori			Stage 2 DDDD	
Facility ID		ID		Description		<u>Status</u>	Rule	ките Тт	er Asbestos I	NUP Z DBPR	
00501	DUG WELL 1	2		WELL1	LCVCTCAA	Α					
00600	DISTRIBUTION SYSTEM	4 DOM/NSTB		DISTRIBUTION		A	Υ				
		UPSTREA		WITHIN 5 SER		A					
00700	ENTRY POINT	UPSTREA		ENTRY POINT	VICE CON	А А					
00700	LIVINI I OUVI					^					
				act Inforn	nation						
Name			Or	ganization					Job Title		

Mr. James R. Johnson J.R. Johnson, LLC President City Mailing Address Line One Mailing Address Line Two State Zip Code P.O. Box 415 06469-0415 121 Leesville Road Moodus CT **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-213-0564 860-873-8681 johnsonjimr@yahoo.com Contact Role(s): Administrative Contact, Legal Contact

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(Connectic	ut Departme	ent o	f Public	Health	Dri	nking	Water	Section			
	Wat	ter Quality N	Moni	toring a	nd Con	nplia	ince S	chedul	e			
PWS ID F	PWS Name Classification Population Owner Type Primary Sou								Primary Source			
CT0410494 2	NORWICH ROA	ND			ı	NC	25	Р	GW			
Local Address (wh	Service	Resider	ntial Co	ommercia	Industri	al Combin	ed Agricultural					
2 NORWICH ROAL)			Connections			1					
Towns Served: EA	ST HADDAM					'		'	1	'		
Name	C	Organization				Job Title						
J.R. Johnson, LLC												
Mailing Address L	g Addre	ss Line Two				City State Zip Co						
121 Leesville Road	ox 415				Moodu	Moodus CT 06469						
Business Phone	Mob	ile Phone	Emergency	y Phone	Phone Email Address							
860-213-0564	860-213-0564 860-873-8681						johnsor	johnsonjimr@yahoo.com				
Contact Role(s):	Owner											

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public Health	Drink	ing Wa	ater Se	ction		
		•	oring and Com						
PWS ID	PWS Name	Quality 14101111	Classification Population Owner Type Primary So						
CT041050				NC	-	.5	Р	GW	
Local Add	Iress (where applicable)		Service Resident	tial Comn	nercial Ir	dustrial	Combined	Agricultural	
138 LEES\	VILLE ROAD		Connections		1				
Towns Se	rved: EAST HADDAM			-	<u> </u>	-			
		Monit	oring Requireme	nts					
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF I	D: 00600)						
Total Co	oliform (3100)					1 rou	tine (RT) _ا	oer quarter	
Sam	pling Point (Sampling Point II	0)	Monitoring Period Collection Period Complian						
Seled	ct from Inventory of Active Sa	mpling Points	4/1/19 -						
			7/1/19 -	9/30/19					
-	Parameters (PPS)	-1			- 4			per quarter	
	pling Point (Sampling Point II		Monitori			ion Period	Compli	ance Status	
Selec	ct from Inventory of Active Sa	mpling Points	4/1/19 -			6/30-6/30			
Motor C	estam Facilitye FNTDV DOL	NT (M/SE ID: 00700)	7/1/19 -	9/30/19	//	1-8/4			
	stem Facility: ENTRY POI	N1 (WSF ID: 00/00)						-\	
	And Nitrite (NOX) pling Point (Sampling Point II	a)	Monitori	na Bariad	Collect	ا 1 ion Period	=	T) per year ance Status	
	RY POINT (3)	<i>'</i>	Monitoring Period 1/1/18 - 12/31/18			L-9/30		mplete	
LIVII	(11 01141 (3)		1/1/19 -		-	4/1-9/30		пріссе	
			1/1/20 -	L-9/30					
		Other C	ompliance Sched			.,			
Complian	ce Schedule Activity		•	Due Date		Achieved I	Date		
SEASONA	L START UP COMPLETION		6/30/2019						
CROSS CC	NNECTION SURVEY REPORT		3/1/2024						
	Wat	ter System Facil	ity and Sampling	Point I	nvento	ry			
Water		•			Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage	
Facility IE)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPF	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM		Υ				
			WITHIN 5 SERVICE CON						
		UPSTREAM	WITHIN 5 SERVICE CON						
00700	ENTRY POINT	3	ENTRY POINT	Α					
20767	WELL	2	WELL	Α					
57226	PRESSURE STORAGE								
57228	PRESSURE STORAGE								
		Con	tact Information						
Name		0	rganization				Job Title		
Mr. Jame	s Gamberale	Ca	ave Hill Resort		Ma	nager			

Mr. James Gamberale Manager Cave Hill Resort Mailing Address Line One Mailing Address Line Two City State Zip Code 138 Leesville Road Moodus CT 06469 **Business Phone** Emergency Phone | Email Address Mobile Phone Extension Fax 860-873-8347 jimgambe@live.com Contact Role(s): Administrative Contact, Owner

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(Connecticut	Depa	rtment o	of Public	Health	Drir	nking	, Water	Section			
	Wate	r Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedul	le			
PWS ID F	PWS Name		Classif	Classification Po		Owner Type	Primary Source					
CT0410504	CAVE HILL RESORT							25	Р	GW		
Local Address (wh	nere applicable)			Service	Resider	ntial Co	ommercial Industria		al Combine	ed Agricultural		
138 LEESVILLE RO	AD			Connection	ns		1					
Towns Served: EA	ST HADDAM			,		,		,				
Name	Organization				Job Title							
Ms. Joann G. Para	Cave Hill Reso	rt			Owner							
Mailing Address L	ine One		Mailing Addre	ss Line Two				City State Zip Co				
138 Leesville Rd							Moodu	IS	СТ	06469		
Business Phone	Business Phone Extension Fax Mo				Emergenc	y Phone	Email Address					
860-873-8347							jimgambe@live.com					
Contact Role(s):	Owner		'									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source CT0410514 CHRIST COMMUNITY CHURCH OF EAST HADDAM NC 25 P GW

Local Address (where applicable)

Service Residential Commercial Industrial Combined Agricultural

Connections 1

		1					
Towns Served: EAST HADDAM		1		1	1	1	
	Mo	nitoring Requ	irement	ts			
Water System Facility: DISTRIBUTI	ON SYSTEM (W	SF ID: 00600)					
Total Coliform (3100)					1 re	outine (RT) p	er quarter
Sampling Point (Sampling Point ID))		Monitoring	Period	Collection Perio	d Complia	nce Status
Select from Inventory of Active Sar	npling Points		10/1/18 - 12	2/31/18		Con	nplete
			1/1/19 - 3,	/31/19		Con	nplete
			4/1/19 - 6,	/30/19			
			7/1/19 - 9,	/30/19			
Physical Parameters (PPS)					1 re	outine (RT) p	er quarter
Sampling Point (Sampling Point ID	<i>)</i>		Monitoring	Period	Collection Perio	d Complia	nce Status
Select from Inventory of Active Sar	npling Points		10/1/18 - 12	2/31/18		Con	nplete
			1/1/19 - 3,	/31/19		Con	nplete
			4/1/19 - 6,	/30/19			
			7/1/19 - 9,	/30/19			
Water System Facility: ENTRY POI	NT (WSF ID: 007	700)					
Nitrate And Nitrite (NOX)						1 routine (RT) per year
Sampling Point (Sampling Point ID))		Monitoring	Period	Collection Perio	d Complia	nce Status
ENTRY POINT (3)			1/1/18 - 12	2/31/18		Con	nplete
			1/1/19 - 12	2/31/19		Con	nplete
			1/1/20 - 12	2/31/20			
	Public I	Notification R	equiren	nents			
		Compliance	Notice		Notification	PN Certi	fication
Violation/Situation		Period	Tier	Require		Due to DPH	Received
Total Coliform M&R Violation		7/1/13 - 9/30/13	2	3/5/201	•	3/15/2014	
Wat	er System Fa	cility and Sar	npling P	oint Inv	entory		
Water	•	•			Total Lead an	nd	
System Water System Facility	Sampling Po	oint Sampling Poi	nt	C	oliform Coppe		Stage
Facility ID	ID	Description		Status	Rule Rule Ti	er Asbestos V	VQP 2 DBP
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	А	Υ		

		Water System Facili	ity and Sampling P	oint Ir	nventoi	ſy			
Water System	Water System Facility		Sampling Point		Total Coliform	Lead and Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
23086	DUG WELL #1	2	WELL	Α					
23101	DRILLED WELL #1	2	DRILLED WELL #1	Α					
57230	PRESSURE STORAGE								

			Co	ontact Inf	ormation				
Name				Organization			J	ob Title	9
Ms. Cheryl Josz									
Mailing Address Lin	e One		Mailing Add	ress Line Two		C	City	State	Zip Code
50 Orchard Road						East Hadda	m	СТ	06423
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Addre	ess		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

C	Connectic	ut Depa	irtment (of Public	Health	ı Drin	ıking	Water	Section	1	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	e		
PWS ID P	WS Name					Classifi	cation	Population	Owner Type	Primary	Source
CT0410514 C	HRIST COMMU	INITY CHUR	CH OF EAST H	ADDAM		N	С	25	Р	GV	N
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmercia	l Industri	al Combir	ed Agric	cultural
50 ORCHARD ROA	D			Connectio	ons		1				
Towns Served: EA	ST HADDAM										
860-873-1187							cotm1@	🤋 snet.net			
Contact Role(s):	Legal Contact										
Name				Organization					Job Tit	le	
Ms. Patricia Matt	hews			Christ Comm	unity Church	า		Ccc Secre	tary		
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip C	ode
50 Orchard Road							Moodu	S	СТ	064	69
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	y Phone	Email A	ddress	,		
860-873-1187							secreta	ry@ccceast	haddam.org		
Contact Role(s)	Administrativo	Contact					1				-

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Water Quality Monitoring and Compliance Schedule									
PWS ID	WS ID PWS Name Classification Population Owner Type Primary Source								
CT0410654	RATHBUN FREE MEMORIAL LIBRARY				NC	25	L		GW
Local Address (Local Address (where applicable) Service Resid					al Industri	al Combin	ed	Agricultural
36 MAIN STREET Connections					1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: EAST HADDAM

g Requirements		
0600)		
	1 rout	ine (RT) per quarter
Monitoring Period	Collection Period	Compliance Status
10/1/18 - 12/31/18		Complete
1/1/19 - 3/31/19		Complete
4/1/19 - 6/30/19		
7/1/19 - 9/30/19		
	1 rout	ine (RT) per quarter
Monitoring Period	Collection Period	Compliance Status
10/1/18 - 12/31/18		Complete
1/1/19 - 3/31/19		Complete
4/1/19 - 6/30/19		
7/1/19 - 9/30/19		
	1 r	outine (RT) per year
Monitoring Period	Collection Period	Compliance Status
1/1/18 - 12/31/18		Complete
1/1/19 - 12/31/19		Complete
1/1/20 - 12/31/20		
pliance Schedules		
Due Date	Achieved D	ate
12/20/2014		
3/20/2015		
3/20/2015		
	Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 1/1/18 - 12/31/18 1/1/19 - 12/31/19 1/1/20 - 12/31/20 pliance Schedules Due Date 12/20/2014 3/20/2015	1 rout Monitoring Period Collection Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 rout Monitoring Period Collection Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 1 rout Collection Period 1/1/18 - 12/31/18 1/1/19 - 12/31/18 1/1/19 - 12/31/19 1/1/20 - 12/31/20 pliance Schedules Due Date Achieved D 12/20/2014 3/20/2015

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	7/1/08 - 9/30/08	3	11/25/2009		12/5/2009					
Physical Parameters M&R Violation	10/1/16 - 12/31/16	3	4/13/2018		4/23/2018					
Total Coliform M&R Violation	10/1/16 - 12/31/16	3	4/13/2018		4/23/2018					

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20777	WELL	2	WELL	Α					
56256	PRESSURE STORAGE								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name Classification Population Owner Type Primary Source									
CT0410654 RATHBUN FREE MEMORIAL LIBRARY NC 25 L GW							GW		
Local Address (v	vhere applicable)	Service	Resider	ntial (Commerci	al Industri	al Combin	ed Agricultural	
36 MAIN STREET	6 MAIN STREET Connections 1								
Towns Served: EAST HADDAM									

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation				
Name				Organization	ı			Job Title	
East Haddam									
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
Contact Role(s): O	wner			Organization				Job Title	
Mr. Mark B. Walte	 r			Organization	<u>'</u>		First Select		
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
Town Office Buildin	g		7 Main	Street, PO Box K		East Had	dam	СТ	06423
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
860-873-5020		860-873-5	5025			admin@	easthaddan	n.org	
Contact Polo(s): A	dministrativa	Contact Los	al Canta	254					

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0410664 7-ELEVEN #32526 NC 25 P GW							GW		
Local Address	ocal Address (where applicable) Service Residential Commercial Industrial Combined Agricultural							ed Agricultural	

1

Connections

4 FALLS ROAD

Towns Served: EAST HADDAM			
Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Water System Facility	y and Sampling Point In	ventory	
Makan		Total Land and	

	W	later System Facili	ity and Sampling P	oint Ir	nventoi	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		4-1	Front Right Sink	Α	Υ			
		4-2	Front Right Sink	Α	Υ			
		4-3	Front Right Sink	Α	Υ			
		4-4	Front Right Sink	Α	Υ			
		4-5	RIGHT HAND SINK	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20778	WELL	2	WELL	Α				

			Co	ntact Inf	ormation					
Name		Organization				Job Title				
Mr. Richard Mihalk	ovitz			7-Eleven Inc.		Ne Facilities Mgr				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
2711 Easton Road						Willow 0	Grove	PA	19090	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress			
732-809-5015						rich.mih	mihalkovitz@7-11.com			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

C.	omnectici	л рера	ii tiiite		Public	Health	וו וע	IKIIIg	vvaler	36	CHOII	
	Wat	er Qua	lity N	Ionit	toring a	nd Com	plia	nce S	Schedul	le		
PWS ID PV	NS Name						Classifi	cation	Population	Own	er Type	Primary Source
CT0410664 7-	ELEVEN #32526	5					N	С	25		Р	GW
Local Address (whe	ere applicable)				Service	Resident	tial Co	mmerci	al Industri	al	Combine	d Agricultura
4 FALLS ROAD					Connection	ns		1				
Towns Served: EAS	T HADDAM				,		'		"			1
Contact Role(s): L	egal Contact											
Name				О)rganization						Job Title	2
Mr. Sean P. Beaud	ry			А	ecom				Project M	lanag	er	
Mailing Address Lir	ne One		Mailing	Addres	ss Line Two				City		State	Zip Code
500 Enterprise Driv	<i>r</i> e		Suite 1	4				Rocky	Hill		СТ	06067
Business Phone	Extension	Fax		Mob	ile Phone	Emergency	Phone	Email A	Address			
860-263-5748		860-263-	5777									
Contact Role(s): A	dministrative (Contact			1							

Connecticut Department of Public Health Drinking Water Section

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Ow	ner Type	Primary Source		
СТ0410774	32 MAIN STREET - EAST HADDAM				NC	25		Р	GW		
Local Address (v	where applicable)	Resider	ntial	Commercia	l Industri	al	Combine	d Agricultural			
32 MAIN STREET Connections 1											

Towns Served: EAST HADDAM						
M	lonitoring Req	uirement	ts			
Water System Facility: DISTRIBUTION SYSTEM ((WSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Complic	ınce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3,	/31/19		Cor	nplete
		4/1/19 - 6,	/30/19			
		7/1/19 - 9,	/30/19			
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Complia	ınce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	mplete
		1/1/19 - 3,	/31/19		Cor	mplete
		4/1/19 - 6,	/30/19			
		7/1/19 - 9,	/30/19			
Water System Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And Nitrite (NOX)					1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Complic	ınce Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		Cor	mplete
		1/1/19 - 12	/31/19		Cor	mplete
		1/1/20 - 12	/31/20			
Public	c Notification I	Requiren	nents			
	Compliance	Notice	Public I	Notification	PN Certi	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/16/2018	8	2/26/2018	

I doi	Tubile Notification Requirements							
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>								
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/16/2018		2/26/2018			
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/16/2018		2/26/2018			
				_				

	Wa	ter System Facili	ity and Sampling P	oint Ir	iventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20786	WELL	2	WELL	Α					

Contact Information										
Name					ganization			Job Title		
Mr. James R. Johnson					Johnson,	LLC		President		
Mailing Address Lin	e One		Mailing	Address	ress Line Two			City	State	Zip Code
121 Leesville Road			P.O. Box	415			Moodus		СТ	06469-0415
Business Phone Extension Fax I			Mobile	Phone	Emergency Phone	Email Ac	ldress			
860-213-0564	60-213-0564 860-873-8681 johnson			jimr@yahoo.c	om					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	<u> </u>	- 0 -		I -			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0410774	32 MAIN STREET - EAST HADDAM			NC	25	Р	GW
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
32 MAIN STREE	Т	Connections		1			

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

CT0410734	LA VITA GUSTOSA	NC	25	Р	GW	
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source	
	Water Quality Monitoring and Con	npliance S	Schedul	e		
	Connecticut Department of Public Health	Drinking	g Water	Section		

Connections

Residential Commercial

1

Industrial

Combined

Agricultural

Service

9 MAIN STREET

Local Address (where applicable)

Towns Served: EAST HADDAM			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Other Compl	liance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
CROSS CONNECTION SURVEY REPORT	3/1/2018		

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION CENTER	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
22812	WELL 1	2	WELL 1	Α							
57294	TREATMENT PLANT										

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Jacqueline R. C	acace			Ljc Enterpris	es, LLC		Member		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
90 Middlesex Aver	nue					Chester		СТ	06412
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ddress		
860-873-8999									
Contact Role(s): A	dministrative	Contact. Ow	ner						

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(Connecticu	it Depa	rtment (of Public	Health	Drii	nkıng	g Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID F	WS Name					Classif	ication	Population	Owner Type	Primary Sou
CT0410734 L	A VITA GUSTOS	4				N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricult
9 MAIN STREET				Connection	ns		1			
Towns Served: EA	ST HADDAM							,		
Name				Organization					Job Titl	е
Mr. Lorenzo J. Ca	cace			Ljc Enterprises	s, LLC			Member		
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
190 Middlesex Av	enue						Cheste	er	СТ	06412
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address		
860-873-8999										
Contact Role(s):	Legal Contact. O	wner		,						

CD lelte Heelde Detel to Marco C.

Contact Role(s): Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department o	f Public	Health Drinki	ng Wa	ter Se	ction
	Water Quality Moni					CCIOII
PWS ID	PWS Name	toring ar				nor Typo Drimany Source
CT0410804			NC	on Popul		ner Type Primary Source P GW
	FOX HOPYARD GOLF CLUB(CLUB HOUSE W (where applicable)	Service	Residential Comm		dustrial	
1 HOPYARD RO		Connection			Justriai	Combined Agricultura
	EAST HADDAM		_ 1			
Towns Serveu.		toring Reg	uirements			
Water Syster	n Facility: DISTRIBUTION SYSTEM (WSF		un ciricines			
Total Colifor	•				1 rou	itine (RT) per quartei
	Point (Sampling Point ID)		Monitoring Period	Collecti	on Period	Compliance Status
	m Inventory of Active Sampling Points		10/1/18 - 12/31/18			Complete
			1/1/19 - 3/31/19			Complete
			4/1/19 - 6/30/19			
			7/1/19 - 9/30/19			
Physical Par	ameters (PPS)				1 rou	itine (RT) per quartei
•	Point (Sampling Point ID)		Monitoring Period	Collecti	on Period	Compliance Status
Select fro	m Inventory of Active Sampling Points		10/1/18 - 12/31/18			Complete
			1/1/19 - 3/31/19			Complete
			4/1/19 - 6/30/19			
			7/1/19 - 9/30/19			
Water Syster	n Facility: ENTRY POINT (WSF ID: 00700)				
	Nitrite (NOX)				1	routine (RT) per year
	Point (Sampling Point ID)		Monitoring Period	Collecti	on Period	Compliance Status
ENTRY PC	DINT (3)		1/1/18 - 12/31/18			Complete
			1/1/19 - 12/31/19			Complete
			1/1/20 - 12/31/20			
	Monthly Water System Faci	lity (WSF)	Level Monitori	ng Req	uireme	nts
Water Syster	n Facility: ENTRY POINT (WSFID: 00700)					
	14 ': ' D ' . (6					
Analyte	Monitoring Requirement (Sumn	nary Type)	Operating Limit	;		Samples Req/Month
· · · · · · · · · · · · · · · · · · ·	Entry Point pH Monitoring (PHR		Operating Limit Minimum: 7.0			Samples Req/Month 4
Analyte pH		D)		РН		4
Analyte pH	Entry Point pH Monitoring (PHR	D) Compl	Minimum: 7.0	PH Operatin		4 Monitoring
Analyte pH	Entry Point pH Monitoring (PHR	D) Compl Monito	Minimum: 7.0 liance History:	PH Operatin	g Limit	4 Monitoring
Analyte pH	Entry Point pH Monitoring (PHR	Compl Monito 11/1/2	Minimum: 7.0 liance History: pring Period	PH Operatin	g Limit	4 Monitoring Compliance Status:
Analyte pH	Entry Point pH Monitoring (PHR	Compl Monito 11/1/2 12/1/2	Minimum: 7.0 liance History: pring Period 018 - 11/30/2018	PH Operatin	g Limit	4 Monitoring Compliance Status:
Analyte pH	Entry Point pH Monitoring (PHR	Compl Monito 11/1/2 12/1/2 1/1/20	Minimum: 7.0 liance History: pring Period 018 - 11/30/2018 018 - 12/31/2018	PH Operatin	g Limit	4 Monitoring Compliance Status: N N
Analyte pH	Entry Point pH Monitoring (PHR	D) Compl Monito 11/1/2 12/1/2 1/1/20 2/1/20 3/1/20	Minimum: 7.0 liance History: oring Period 018 - 11/30/2018 018 - 12/31/2018 19 - 1/31/2019 19 - 2/28/2019 19 - 3/31/2019	PH Operatin	g Limit	4 Monitoring Compliance Status: N N N
Analyte pH	Entry Point pH Monitoring (PHR	D) Compl Monito 11/1/2 12/1/2 1/1/20 2/1/20 3/1/20	Minimum: 7.0 liance History: oring Period 018 - 11/30/2018 018 - 12/31/2018 19 - 1/31/2019 19 - 2/28/2019	PH Operatin	g Limit	4 Monitoring Compliance Status: N N N
Analyte pH	Entry Point pH Monitoring (PHR 1/1/2015	D) Compl Monito 11/1/2 12/1/2 1/1/20 2/1/20 3/1/20 4/1/20	Minimum: 7.0 liance History: oring Period 018 - 11/30/2018 018 - 12/31/2018 19 - 1/31/2019 19 - 2/28/2019 19 - 3/31/2019	PH Operatin	g Limit	4 Monitoring Compliance Status: N N N
Analyte pH Start Date:	Entry Point pH Monitoring (PHR 1/1/2015	D) Compl Monito 11/1/2 12/1/2 1/1/20 2/1/20 3/1/20 4/1/20	Minimum: 7.0 liance History: bring Period 018 - 11/30/2018 018 - 12/31/2018 19 - 1/31/2019 19 - 2/28/2019 19 - 3/31/2019 19 - 4/30/2019	Operatin Complia	g Limit	4 Monitoring Compliance Status: N N N N
Analyte pH Start Date:	Entry Point pH Monitoring (PHR 1/1/2015 Other (D) Compl Monito 11/1/2 12/1/2 1/1/20 2/1/20 3/1/20 4/1/20	Minimum: 7.0 liance History: bring Period 018 - 11/30/2018 018 - 12/31/2018 19 - 1/31/2019 19 - 2/28/2019 19 - 3/31/2019 19 - 4/30/2019 e Schedules	Operatin Complia	g Limit nce Status	4 Monitoring Compliance Status: N N N N
Analyte pH Start Date:	Entry Point pH Monitoring (PHR 1/1/2015 Other (hedule Activity	D) Compl Monito 11/1/2 12/1/2 1/1/20 2/1/20 3/1/20 4/1/20 Complianc	Minimum: 7.0 liance History: bring Period 018 - 11/30/2018 018 - 12/31/2018 19 - 1/31/2019 19 - 2/28/2019 19 - 3/31/2019 19 - 4/30/2019 e Schedules Due Date 12/8/2016	Operatin Complian	g Limit nce Status Achieved	4 Monitoring Compliance Status: N N N N

Water **Total** Lead and Sampling Point Sampling Point System **Water System Facility** Coliform Copper Stage **Facility ID** ID **Description** Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 **DISTRIBUTION SYSTEM** 4 **DISTRIBUTION SYSTEM** Υ Α DOWNSTREAM WITHIN 5 SERVICE CON Α

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Pri	mary Source		
CT0410804	FOX HOPYARD GOLF CLUB(CLUB HOUSE WEL	L)			NC	30	Р		GW		
Local Address (v	ocal Address (where applicable) Service Residential Commercial Industrial Combined Agricultural								Agricultural		
1 HOPYARD ROA	HOPYARD ROAD Connections 1										

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		stage DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22912	WELL #3	2	WELL #3	Α					
59192	TREATMENT PLANT								

				Contact Inf	ormation				
Name				Organization	l			Job Title	
Mr. Richard Marck	S			Fox Hopyard	Golf Club, LLC				
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
1 Hopyard Road						East Had	ddam	СТ	06423
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-434-9730									
Contact Role(s): A	dministrative	Contact							
Name				Organization	l			Job Title	
Mr. Timothy Van E	pps						Manager		
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
One Hopyard Road						East Had	ddam	СТ	06423
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-662-3039									

Please note the following:

Contact Role(s): Legal Contact

Towns Served: EAST HADDAM

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut De	nartment of	f Puhlic	Health D	rinkii	1σ W.	ater Se	ction	
	uality Monit				_			
PWS ID PWS Name	dancy Monie	oring ar					er Type P	rimary Source
CT0410814 FOX HOPYARD GOLF CLU	JB - PRO SHOP WELI	L		NC	4		P	GW
Local Address (where applicable)		Service	Residential	Comme	rcial In	dustrial	Combined	Agricultural
1 HOPYARD ROAD		Connection	S	1				
Towns Served: EAST HADDAM								
	Monito	oring Req	uirement	S				
Water System Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Coliform (3100)						1 rout	tine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collecti	on Period	Compli	ance Status
Select from Inventory of Active Samp	oling Points		10/1/18 - 12	/31/18			Co	mplete
			1/1/19 - 3/3	31/19			Co	mplete
			4/1/19 - 6/3	30/19				
			7/1/19 - 9/3	30/19				
Physical Parameters (PPS)						1 rout	tine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring I	Period	Collecti	on Period	Compli	ance Status
Select from Inventory of Active Samp	oling Points		10/1/18 - 12,	/31/18			Co	mplete
			1/1/19 - 3/3	31/19			Co	mplete
			4/1/19 - 6/3	30/19				
			7/1/19 - 9/3	30/19				
Water System Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And Nitrite (NOX)						1 r	outine (R	T) per year
Sampling Point (Sampling Point ID)			Monitoring	Period	Collecti	on Period	Compli	ance Status
ENTRY POINT (3)			1/1/18 - 12/	31/18			Co	mplete
			1/1/19 - 12/	31/19			Co	mplete
			1/1/20 - 12/	31/20				
	Other C	omplianc	e Schedul	es				
Compliance Schedule Activity			Due	Date		Achieved L	Date	
RESPOND TO SANITARY SURVEY			12/8	3/2016				
Wate	r System Facili	ity and Sa	ampling Po	oint In	ventor	У		
Water					Total	Lead and		
System Water System Facility	Sampling Point			(Coliform	Copper		Stage
Facility ID	ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	ON SYSTEM	Α	Υ			
	DOWNSTREAM			Α				
	UPSTREAM	WITHIN 5 SE	ERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POIN	IT	Α				
23024 WELL #4	2	WELL #4		A				
23024 WELL #4		WELL #4	rmation	A				
23024 WELL #4 Name	Con		rmation	A			Job Title	
	Con	tact Info	rmation	A	Mai	nager	Job Title	
Name	Con	rganization	rmation	A	Mai		Job Title State	Zip Code
Name Mr. Timothy Van Epps	Con	rganization	rmation			ty		Zip Code 06423

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Contact Role(s): Administrative Contact, Legal Contact

860-662-3039

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water quanty monitoring and compliance beneaute									
PWS ID PWS Name C			Classification	Population	Owner Type	Primary Source				
CT0410814	CT0410814 FOX HOPYARD GOLF CLUB - PRO SHOP WELL			NC	40	Р	GW			
Local Address (v	where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural			
1 HOPYARD RO	Connections		1							

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End of schedule

	Connecticut Department	of Public H	lealth	Di	rinking	Water	Secti	on	
	Water Quality Mon	itoring an	d Con	npl	liance S	chedul	e		
PWS ID	PWS Name			-		1		ype Pr	imary Source
CT0419184	EAST HADDAM SENIOR CENTER				NC	25	L		GW
Local Address (w	here applicable)	Service	Residen	itial	Commercia	l Industria	al Com	bined	Agricultural
ROUTE 149 & GF	REAT HILLWOOD ROAD	Connections			1				
Towns Served: E	AST HADDAM								
	Moni	toring Requ	ıireme	nts	5				
Water System	Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)							
Total Coliform	n (3100)					1	routine	(RT) p	er quarter
Sampling P	Point (Sampling Point ID)		Monitori	ing F	Period Co	ollection Per	riod (Compli	ance Status
Select from	Inventory of Active Sampling Points		10/1/18 -	- 12/	/31/18			Coi	mplete
			1/1/19 -	- 3/3	1/19			Coi	mplete
			4/1/19 -	- 6/3	0/19				
			7/1/19 -	- 9/3	0/19				
Physical Parar	meters (PPS)					1	routine	(RT) p	er quarter
Sampling P	Point (Sampling Point ID)		Monitori	ing F	Period Co	ollection Per	riod (Compli	ance Status
Select from	Inventory of Active Sampling Points		10/1/18 -	- 12/	/31/18			Coi	mplete
			1/1/19 -	- 3/3	1/19			Coı	mplete
			4/1/19 -	- 6/3	0/19				
			7/1/19 -	- 9/3	0/19				
Water System	Facility: ENTRY POINT (WSF ID: 0070	0)							

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Mo	onthly Water System Facility	(WSF) Lev	el Monitori	ng Requireme	nts
Water System Facility:	ENTRY POINT (WSFID: 00700)				
Analyte	Monitoring Requirement (Summary 1	Гуре)	Operating Limi	t	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Minimum: 7.0	PH	4
Start Date: 4/1/2008	3	Compliance	History:	Operating Limit	Monitoring
		Monitoring I	Period	Compliance Status	: Compliance Status:
		11/1/2018 -	11/30/2018		N
		12/1/2018 -	12/31/2018		N
		1/1/2019 - 1	/31/2019		N
		2/1/2019 - 2	/28/2019		N
		3/1/2019 - 3	/31/2019		

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform MCL Violation	7/1/11 - 9/30/11	2	9/15/2011		9/25/2011					

4/1/2019 - 4/30/2019

	Water System Facility and Sampling Point Inventory										
Water					Total	Lead and					
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		9	Stage		
Facility ID)	ID	Description	Statu	s Rule	Rule Tier	Asbestos	WQP 2	DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

					1				
PWS ID	PWS Name				Class	sification	Population	Owner Type	Primary Source
CT0419184	EAST HADDAM SENIOR C	ENTER				NC	25	L	GW
Local Address (v	where applicable)		Service	Residen	ntial (Commercia	l Industri	al Combine	ed Agricultural
ROUTE 149 & G	REAT HILLWOOD ROAD		Connections			1			

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
51509	WELL 1	2	WELL 1	Α							
51512	PRESSURE TANK										
51514	TREATMENT PLANT										

				Contact In	formation					
Name				Organizatio	n	Job Title				
Mr. James Ventres				Town of Eas	Town of East Haddam			Land Use Administrat		
Mailing Address Line One Mailing Addr				Address Line Two	ress Line Two			State	Zip Code	
P. O. Box K			7 Main S	Street		East Had	ldam	СТ	06423	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress			
860-873-5031		860-873-5	5042		860-873-5031	admin.landuse@easthaddam.org				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

	C	CD . ! - II	1/1-	D		XA7 - 4 -	- C		
	Connecticut Departmer							ection	
	Water Quality M	onitoring and	d Com						
PWS ID	PWS Name			Clas		on Population O			
CT0419203	MIDDLESEX HOSPITAL MEDICAL FACIL				NC	31		Р	GW
-	where applicable)	Service	Resident	tial	Commerci	ial Indust	rial	Combine	d Agricultural
27 WILLIAM F. F		Connections			1				
Towns Served: I	EAST HADDAM			_			_		
	M	onitoring Requ	ireme	nts	S				
•	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliforn	•							-) per quarter
	Point (Sampling Point ID)		Monitorii			Collection F	erio		liance Status
Select fron	n Inventory of Active Sampling Points	1	10/1/18 -						Complete
			1/1/19 -					C	Complete
			4/1/19 -						
			7/1/19 -	9/3	0/19				
Total Coliforn	•			_				=	R) per month
	Point (Sampling Point ID)		Monitorii			Collection F	erio	d Comp	liance Status
	n Inventory of Active Sampling Points		11/1/18 -	11/.	30/18		_	/>=	
Physical Para	•		N/onitovi	D	laviad C	Callaction [-) per quarter
	Point (Sampling Point ID)		Monitorii			Collection F	erio		oliance Status
Select from	n Inventory of Active Sampling Points		1/1/18 -		*				Complete
			1/1/19 - 4/1/19 -						Complete
			7/1/19 -						
Water System	Facility: ENTRY POINT (WSF ID: 0	0700)	//1/19-	9/3	0/19				
Nitrate And N		0700j						1 routing /	(RT) per year
	Point (Sampling Point ID)		Monitorii	na P	Period (Collection F		-	liance Status
ENTRY POI			1/1/18 - :			onection r	CITO	u Comp	mance Status
LIVIKITOI	(3)		1/1/19 - :						
			1/1/20 - :		<u> </u>				
Water System	Facility: WELL 1 (WSF ID: 55874)		_, _, _0	, _	,				
E. Coli (3014)	· · · · · · · · · · · · · · · · · · ·						l trid	ggered (T	6) per period
-	Point (Sampling Point ID)		Monitorii	na P	Period C	Collection F	-		liance Status
WELL 1 (2)			0/24/18 -						Complete
(_)		er Compliance			·				
Compliance Sch		•			Date Date	Ach	ieve	d Date	
-	TION SURVEY REPORT		3	3/1/	2020				
	Public	Notification R	equire	me	ents				
		Compliance	Notice		Public N	otification		PN Ce	rtification
Violation/Situa	tion	Period	Tier		Required	Perform		Due to DP	-
Nitrate And Nit	rite M&R Violation	1/1/18 - 12/31/18	3		3/13/2020			3/23/2020)
Total Coliform N	M&R Violation	11/1/18 - 11/30/18	3		3/13/2020			3/23/2020)
	Water System I	Facility and San	npling	Po	int Inve	entory			
Mator					7	otal Loa	d an	4	

Water Total Lead and **Water System Facility** Sampling Point Sampling Point Coliform Stage System Copper **Facility ID** ID **Description** Rule Rule Tier Asbestos WQP 2 DBPR Status 4 00600 **DISTRIBUTION SYSTEM DISTRIBUTION** Α DOWNSTREAM WITHIN 5 SERVICE CON Α

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health	Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance S	Schedul	e	
ID	PWS Name	Classification	Population	Owner Type	Primar

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary So	ource
CT0419203	MIDDLESEX HOSPITAL MEDICAL FACILITY				NC	31	Р	GW	
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricul	ltural
27 WILLIAM F. F	ALMER ROAD	Connections			1				

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α					_	
55874	WELL 1	2	WELL 1	Α					_	
55878	TREATMENT PLANT									
55880	PRESSURE TANK									

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATE	R SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020
		WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2019

									-,,
			C	ontact Inf	ormation				
Name		Organization	า		Job Title				
Mr. Timothy J. Kav	anaugh	Middlesex H	lospital		Engineering Operatio				
Mailing Address Line One Mailing Addr				ress Line Two		City	State	Zip Code	
28 Cresent Street						Middlete	own	СТ	06457-3650
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address			
860-358-6000		860-358-6	5972		860-358-6000	tim.kavanaugh@midhosp.org			
		_			<u>'</u>				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Classification		Population	Owner Type	Primary Source			
CT0419214 374 TOWN STREET NC 25 P											
Local Address	(where applicable)	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural				

Local Add	dress (where app	licable)			Service	Residentia	I Comm	nercial	Industrial	Combined	Agricultural
374 TOW	'N STREET				Connections		1	1			
Towns Se	rved: EAST HAD	DAM					·				
			M	onit	oring Requ	irement	:S				
Water Sy	ystem Facility:	DISTRIBUTION S	YSTEM (WSF I	D: 00600)						
Total Co	oliform (3100)								1 rc	outine (RT)	er quarter
Sam	pling Point (San	npling Point ID)				Monitoring	Period	Col	lection Perio		ance Status
Sele	ct from Inventor	y of Active Sampling	g Points			10/1/18 - 12	2/31/18			Co	mplete
						1/1/19 - 3/	'31/19			Co	mplete
						4/1/19 - 6/					
						7/1/19 - 9/	30/19				
-	l Parameters (-								outine (RT) រ	-
	pling Point (San					Monitoring		Col	lection Perio	-	ance Status
Sele	ct from Inventor	y of Active Sampling	g Points			10/1/18 - 12					mplete
						1/1/19 - 3/				Со	mplete
						4/1/19 - 6/ 7/1/19 - 9/					
Mator Cu	ustom Facilitus	ENTRY POINT (\	NCE ID: 00	1700\		//1/19 - 9/	30/19				
			MSF ID. U	J700)						1 voutine /D	T)
	And Nitrite (N Opling Point (San	•				Monitoring	Period	Col	lection Perio	1 routine (R	ance Status
	RY POINT (3)	ipinig rome ibj				1/1/18 - 12		COII	ection reno		mplete
LIVII	1111 (3)					1/1/19 - 12					mplete
						1/1/20 - 12					
			Public	Not	ification R						
					ompliance	Notice		lic Not	ification_	PN Cert	<u>ification</u>
Violation	/Situation				Period	Tier	Requi		Performed	Due to DPH	Received
E. Coli				7/1	/18 - 9/30/18	3	11/13/2			11/23/2019	
		Water S	ystem F	acil	ity and Sar	npling P	oint Ir	nven	tory		
Water					-			Toto		nd	
System	Water System	Facility		Point	Sampling Poi	nt		Colifo			Stage
Facility II	D		ID		Description		Status	Rul	e Rule Tie	er Asbestos	WQP 2 DBPR
00501	WELL #1		2		WELL #1		Α				
00600	DISTRIBUTION	SYSTEM	4		DISTRIBUTION		Α				
					WITHIN 5 SER		Α				
			UPSTRE	AM	WITHIN 5 SER		Α				
00700	ENTRY POINT		3		ENTRY POINT		Α				
59525	SOFTENER										
				Con	tact Inform	mation					
Name				0	rganization					Job Title	
Mr. Mark	c Theide			T۱	wo Wrasslin' Ca	ats Coffee H	ous		Owner		
	ddress Line One		Mailing A	ddres	s Line Two				City	State	Zip Code
374 Town	n Street						Ea	st Had	dam	СТ	06423

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Emergency Phone Email Address

mirmp08@yahoo.com

Mobile Phone

Business Phone

860-326-4843

Extension

Fax

Connecticut Department of Public Health Drinking Water Section	
Water Quality Monitoring and Compliance Schedule	
	ì

		 <u> </u>	0						
PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT0419214	374 TOWN STREET					NC	25	Р	GW
Local Address (v	where applicable)		Service	Resider	itial	Commercia	al Industri	al Combine	ed Agricultural
374 TOWN STR	EET		Connections			1			

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

C	onnoctic	ut Donartmo	nt of	Dublic	Haalth D	rin	kina '	Mat	or Co	oction	
C		ut Departme								ction	
		ter Quality M	lonit	oring a							
PWS ID PV	VS Name				Cla				on Ow	ner Type P	rimary Source
	OODSPEED REA	ALTY LLC				NC		25		Р	GW
Local Address (whe	re applicable)			Service	Residential	Con	nmercial	Indu	strial	Combined	Agricultural
25 FALLS ROAD				Connection	ns		1				
Towns Served: EAS	T HADDAM										
		N	/lonite	oring Red	quirements	S					
Water System Fac	cility: DISTR	RIBUTION SYSTEM	(WSF I	D: 00600)							
Total Coliform (3100)								1 ro	utine (RT)	per quarter
Sampling Poir	nt (Sampling P	oint ID)			Monitoring I	Perio	d Col	lection	Period	Compl	iance Status
Select from In	ventory of Act	ive Sampling Points			10/1/18 - 12,	/31/1	.8			Co	mplete
					1/1/19 - 3/3	31/19)			Co	mplete
					4/1/19 - 6/3	30/19)				
					7/1/19 - 9/3	30/19)				
Physical Parame	ters (PPS)								1 ro	utine (RT)	per quarter
Sampling Poin	nt (Sampling P	oint ID)			Monitoring I	Perio	d Col	lection	Period	Compl	iance Status
DISTRIBUTION	(4)				10/1/18 - 12,						mplete
					1/1/19 - 3/3					Co	mplete
					4/1/19 - 6/3	30/19)				
					7/1/19 - 9/3	30/19)				
Water System Fac	cility: ENTR	Y POINT (WSF ID:	00700)								
Nitrate And Nitr	• •								1	routine (F	RT) per year
Sampling Poir	nt (Sampling P	oint ID)			Monitoring I	Perio	d Col	lection	Period	Compl	iance Status
ENTRY POINT	(3)				1/1/18 - 12/						mplete
					1/1/19 - 12/					Co	mplete
					1/1/20 - 12/	31/20	0				
		Water System	Facili	ity and Sa	ampling Po	oint	Inven	tory			
Water							Tot	al Le	ad and	1	
System Water S	ystem Facility			Sampling P			•	orm C	• •		Stage
Facility ID		11)	Description		Stat	us Ru	le R	ule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIB	JTION	2		DISTRIBUTI		Α	Y				
		DOWNS			ON DOWNSTR	Α	Y				
		UPSTI	REAM	DISTRIBUTI	ON UPSTREA	Α	Y				
00700 ENTRY P	OINT	3	}	ENTRY POIN	NT	Α					
60536 WELL		2	<u> </u>	WELL		Α					
			Con	tact Info	rmation						
Name			0	rganization						Job Title	
Ms. Robin B Goods	peed		G	oodspeed Re	ealty LLC						
Mailing Address Lin	e One	Mailing	Addres	s Line Two				City		State	Zip Code
P. O. Box 285							East Had	dam		СТ	06423
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Ph	one	Email Ad	dress			
	1					T					

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860-608-3854

rgoodspeed1@gmail.com

860-608-5248

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

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PWS ID	S ID PWS Name					Owner Type	Primary Source
CT0419224	GOODSPEED REALTY LLC	NC	25	Р	GW		
Local Address (v	Local Address (where applicable)			ntial Commerc	al Industri	al Combine	ed Agricultural
25 FALLS ROAD	Connections		1				

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source CT0419234 40 WILLIAM F. PALMER RD NC 30 P GW Local Address (where applicable) Service Connections Residential Commercial Industrial Combined Agricultural 40 WILLIAM F. PALMER RD Connections 1 Towns Served: EAST HADDAM

C1041323	40 WILLIAM F. PALIMER	אט			NC		30	г	GW		
Local Add	lress (where applicable)		Service	Residential	Comm	ercial	Industrial	Combined	Agricultura		
40 WILLIA	AM F. PALMER RD		Connections					1			
Towns Se	rved: EAST HADDAM										
		Monito	oring Requ	iirements	S						
Water Sy	ystem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Co	oliform (3100)						1 r	outine (RT)	per quarter		
Sam	pling Point (Sampling Point ID)			Monitoring I	Period	Collec	tion Perio	d Compl	Compliance Status		
Sele	ct from Inventory of Active Sam	pling Points		10/1/18 - 12,	/31/18			Co	mplete		
				1/1/19 - 3/3	31/19			Co	mplete		
				4/1/19 - 6/3	30/19						
				7/1/19 - 9/3	30/19						
Physical	l Parameters (PPS)						1 r	outine (RT)	per quarter		
Sam	pling Point (Sampling Point ID)			Monitoring I	Period	Collec	tion Perio	d Compl	iance Status		
Sele	ct from Inventory of Active Sam	pling Points		10/1/18 - 12,					mplete		
				1/1/19 - 3/3				Co	mplete		
				4/1/19 - 6/3							
				7/1/19 - 9/3	30/19						
Water Sy	ystem Facility: ENTRY POIN	T (WSF ID: 00700)									
	And Nitrite (NOX)							' = '	RT) per year		
Sam	pling Point (Sampling Point ID)			Monitoring I	Period	Collec	tion Perio	d Compl	iance Status		
ENTI	RY POINT (3)			1/1/18 - 12/				Co	mplete		
				1/1/19 - 12/							
				1/1/20 - 12/	31/20						
		Other Co	ompliance	Schedul	es						
Complian	nce Schedule Activity			Due	Date		Achieve	d Date			
CROSS CC	ONNECTION SURVEY REPORT			3/1,	/2020						
	Wate	r System Facili	ity and Sar	mpling Po	oint In	vento	ry				
Water						Total	Lead ar	nd			
System	Water System Facility	Sampling Point		nt		Coliforn			Stage		
Facility II	0	ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBP		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ					
		40WFP01	40A KITCHEN		Α	Υ	N	Υ			
		40WFP02	40A BATHRO	MC	Α	Υ	N				
		40WFP03	40A UTILITY		Α	Υ	N				
		40WFP04	40B KITCHEN		Α	Υ	N				
		40WFP05	40B BATHRO		Α	Υ	N				
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	Α	Υ					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α	Υ					
00700	ENTRY POINT	3	ENTRY POINT		Α						

60714 WELL 1	2	WELL 1	Α						
Contact Information									
Name		Organization	Job Title	9					
Mr. Bruce M. Dutch									
Mailing Address Line One	Mailing Add	ess Line Two		City	State	Zip Code			

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	Connecticut Department of Public Health Drinking water Section											
	Wat	ter Quality I	Monitori	ng an	d Con	ıplia	nce S	Schedul	le			
PWS ID	PWS Name					Classif	ication	Population	Owner Ty	pe P	rimary Source	
CT0419234	40 WILLIAM F. P		N	С	30	Р		GW				
Local Address (w	Sen	vice	Residen	tial Co	mmercial Indu		ial Comb	ined	Agricultural			
40 WILLIAM F. PA	ALMER RD		Con	nections					1			
Towns Served: E	AST HADDAM								·			
40B William F. Pa	almer Road	P.O. Bo	ox 464				Moodu	ıs	C ⁻	Γ	06469	
Business Phone	e Extension	Fax	Mobile Ph	one Er	mergency	Phone	Email A	Address				
860-873-3876 860-873-3678 860-807-5721 bruce@dutchoil.com												
	1		_									

Connecticut Department of Dublic Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule